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Tuesday
1st July, 1952

PARLIAMENTARY DEBATES

HOUSE OF THE PEOPLE

OFFICIAL REPORT

(Part I - Questions and Answers)

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Members Sworn [Cols. 2—18].

PARLIAMENT SECRETARIAT
NEW DELHI

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PARLIAMENTARY DEBATES

(Part I—Questions and Answers)

OFFICIAL REPORT

HOUSE OF THE PEOPLE

Tuesday, 1st July, 1952.

The House met at a Quarter Past Eight of the Clock.

[MR. SPEAKER *in the Chair*]

WRITTEN ANSWERS TO QUESTIONS

TELEPHONE SYSTEMS AT BUNDI, CAMBAY AND KISHANGARH

*1343. **Sardar Hukam Singh:** Will the Minister of **Communications** be pleased to state:

(a) whether any efforts have been made for the acquisition of the telephone systems managed by private companies at Bundi, Cambay and Kishangarh; and

(b) if so, whether all, or any of them, have been acquired?

The Deputy Minister of Communications (Shri Raj Bahadur): (a) Yes.

(b) The telephone system of Kishangarh was acquired on the 1st May, 1952. Negotiations for the acquisition of the remaining two systems at Bundi and Cambay are continuing.

RESERVE STOCK OF FOODGRAINS

*1344. **Sardar Hukam Singh:** Will the Minister of **Food and Agriculture** be pleased to state what was the reserve stock of foodgrains for supply against emergencies on the 31st March, 1952;

The Minister of Food and Agriculture (Shri Kidwai): On 31st March, 1952 the Centre had a reserve stock of 34,000 tons of foodgrains. Besides, a total stock of 2,394,000 tons was held by the State Governments.

MOBILE POST OFFICES

*1345. **Sardar Hukam Singh:** (a) Will the Minister of **Communications** be pleased to state whether the experiment of starting Night Mobile Post Offices has proved successful?

(b) What are the towns enjoying this facility at present?

The Deputy Minister of Communications (Shri Raj Bahadur): (a) Yes.

(b) Nagpur, Madras, Delhi and Kanpur.

RURAL POST OFFICES

*1346. **Shri S. C. Samanta:** Will the Minister of **Communications** be pleased to state:

(a) how many applications for opening rural Post Offices in villages or compact groups of villages with a population of 2000 and above were lying with the Post Master General of West Bengal Circle on the 31st March, 1952;

(b) how many of the applications are from individual villages having a population of 2000;

(c) how many applications are lying with the Post Master General for more than a year; and

(d) in how many cases the applicants of villages are ready to give undertaking to share a portion of the loss that may be incurred in each year?

The Deputy Minister of Communications (Shri Raj Bahadur): (a) 542.

(b) 13.

(c) 331.

(d) 73.

RAILWAY ROLLING STOCK

*1348. **Dr. Ram Subhag Singh:** Will the Minister of **Railways** be pleased to state:

(a) whether Government propose to buy some railway rolling stock and equipment from Japan;

(b) if so, what kind of rolling stock Government propose to buy; and

(c) of what value?

The Minister of Railways and Transport (Sri L. B. Shastri): (a) and (b). Government do not propose at present to buy any complete units of Railway Rolling Stock from Japan but an educational order for 10 Metre Gauge passenger bogie underframes has recently been placed on a Japanese manufacturer.

(c) The estimated cost is valued at Rs. 1,91,000.

PROCUREMENT OF PADDY IN TRAVANCOR-COCHIN

*1349. **Shri A. M. Thomas:** (a) Will the Minister of **Food and Agriculture** be pleased to state whether representation has been made by the Travancore-Cochin State for its exemption from internal procurement of paddy?

(b) How much percentage of the requirement of that State is met by the procurement made inside the State?

The Minister of Food and Agriculture (Shri Kidwai): (a) No, Sir.

(b) About 17 per cent. of the State's foodgrains requirement is being met from local procurement.

संयुक्त राज्य अमरीका से गेहूं

*१३५०. सेठ गोविन्द दास : (क) खाद्य तथा कृषि मंत्री यह बतलाने की कृपा करेंगे कि दीर्घ कालीन भुगतान योजना के अनुसार संयुक्त राज्य अमरीका के अब तक प्राप्त हुए गेहूं की कुल मात्रा क्या है ?

(ख) कुल कितना भुगतान करना होगा और किस समय तक ?

(ग) ब्याज की दर क्या है ?

(घ) इस योजना के अनुसार आयी मात्रा में से क्या कुछ अन्न सुरक्षित रक्खा गया है और यदि रखा गया है तो कितना?

The Minister of Food and Agriculture (Shri Kidwai): (a) The total quantity of wheat received upto 10th June, 1952 from U.S.A. under the loan is approx. 1,805,500 tons.

(b) The total amount of the loan is $ 190 million and is to be repaid by 1986.

(c) 2½ per cent. per annum.

(d) A reserve stock of imported wheat is being built up but as the wheat received with loan money is not kept separate it is not possible to say what portion of it represents wheat received with loan money.

RICE

*1351. **Pandit Munishwar Datt Upadhyay:** (a) will the Minister of **Food and Agriculture** be pleased to state whether any state has offered rice for distribution to the needy areas? areas?

(b) If the answer to part (a) above be in the affirmative, what is the quantity contributed by the State and was the quantity of rice surplus with them?

The Minister of Food and Agriculture (Shri Kidwai): (a) Yes. The States of Madhya Pradesh, Orissa, Uttar Pradesh, Punjab, PEPSU, Coorg and Vindhya Pradesh have declared surplus of rice for distribution to deficit areas during 1952.

(b) A statement showing the quantities of rice released by these States during the period 1-1-52 to 26-6-52 as surplus to their requirements is placed on the Table of the House.

STATEMENT

(In '000 tons)

State	*Rice offered for export from 1-1-52 to 26-6-52.*
Madhya Pradesh	83
Orissa	83
Punjab	18
Uttar Pradesh	15
PEPSU	1
Coorg	8
Vindhya Pradesh	1
TOTAL ..	209

IMPORT OF WHEAT FROM CANADA

*1352. **Pandit Munishwar Datt Upadhyay:** (a) Will the Minister of **Food and Agriculture** be pleased to state what is the quantity of wheat received by India from Canada under the Colombo Plan?

(b) What are the conditions under which wheat was supplied by Canada?

(c) What was the time allowed for the payment of its price by India?

The Minister of Food and Agriculture (Shri Kidwai): (a) 114,120 tons.

(b) The main conditions are:—

(i) Utilisation of the grant of $10 million (Canadian) for payment of the price of wheat by 31st March, 1952.

(ii) The wheat purchased should be outside the quota under the International Wheat Agreement.

(iii) The Government of India was to set up a special account for the "counterpart funds" paying into this account the rupee equivalent of the Canadian expenditure on the wheat supplied. This account is to be used for financing economic development projects in India mutually agreed upon by the two Governments.

(c) Does not arise as the f.o.b. cost of the wheat purchased from Canada under the Colombo Plan has been paid for from the grant of $10 million given by the Canadian Government.

LOOTING OF TRAIN NEAR ETMADPUR

*1353. **Shri Dhusiya:** (a) Will the Minister of **Railways** be pleased to state whether it is a fact that at Etmadpur (near Agra) any passenger train has been looted in the month of March, 1952?

(b) What was the distance of the last station it left behind?

(c) For what time the train was detained while it was being looted?

(d) How many passengers were injured in that looting?

(e) Has any of the culprits been caught so far?

(f) What was the distance of the nearest village from that place?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) and (d). No passenger train was looted during the month of March, 1952, at or near Etmadpur station.

On the 26th February, 1952, there was, however, a case of train robbery on 6 TA Down passenger train while it was running between Yamuna Bridge and Chhalesar station on the Agra-Tundla line at a distance of about 8 miles away from Etmadpur station.

It is reported that shortly after the departure of the train from Yamuna Bridge station a passenger in a third class compartment pulled out a pistol and fired a few shots to intimidate his fellow passengers. The bullets penetrated the wooden partition and caused minor injuries to three passengers in the adjoining compartment. The alarm chain was pulled and when the train came to a stop, a few men detrained there and escaped with three trunks belonging to a passenger travelling in the same compartment with them. The Guard-in-Charge of the train, after making necessary enquiries on the spot, started the train and stopped it at Chhalesar for reporting the incident to all concerned, although the train was not due to stop at the station.

(b) The place where the train was stopped was about two miles from Yamuna Bridge station.

(c) The train suffered a detention of 7 minutes due to pulling of the alarm chain.

(e) It is reported that 5 persons have been arrested and they have made a confessional statement before the Police and the Magistrate.

(f) Chhalesar, the nearest village, is situated about a mile from the site of the occurrence.

TELEPHONE EXCHANGE AT SAMASTIPUR

*1354. **Shri S. N. Das:** Will the Minister of **Communications** be pleased to refer to reply given to my starred question No. 1491 asked on the 3rd October, 1951 and state:

(a) whether the Telephone Exchange at Samastipur has been installed; and

(b) if not, at what stage the proposal stands at present?

The Deputy Minister of Communications (Shri Raj Bahadur): (a) No.

(b) The installation of the Exchange is in progress and the work is expected to be completed by about the 15th July, 1952.

NATIONAL SERVICES SECURITY RULES

*1355. **Shri K. K. Basu:** Will the Minister of **Railways** be pleased to state:

(a) the number of workers State by State whose services have been dispensed with under the provisions of the Railway Services (Safeguarding of National Security) Rules 1949 in 1949-52 separately;

(b) if so, the charges against them; and

(c) the number of cases where the employee concerned was allowed to appear personally in support of his representation?

The Minister of Railways and Transport (Shri L. B. Shastri): (a)—

State	Removed in		
	1949	1950	1951
(1) West Bengal	8	20	14
(2) Bihar	..	7	11
(3) Orissa	..	2	1
(4) U.P.	..	..	2
(5) M.P.	..	..	22
(6) Delhi	..	6	1
(7) East Punjab	..	1	..
(8) Madras	..	53	22
(9) Bombay	..	..	2
TOTAL	8	89	75

(b) Action was taken against these persons as provided for in rule 3 of the Railway Services (Safeguarding of National Security) Rules.

(c) The standard form of notice served on the employees requires them to state *inter alia* whether they desire to be heard in person by the competent authority or by the committee of advisors. In cases where the employees concerned asked for a personal hearing, it was given to them.

KURSILA RAILWAY BRIDGE

***1356. Shri L. N. Mishra:** Will the Minister of **Railways** be pleased to state:

(a) whether it is a fact that Kursila Railway bridge on Mansi-Saharsa Railway Line and railway line from Koparia to Badlaghat remains unsafe for a major part of the year; and

(b) if so, whether Government propose to repair the said bridge and improve the railway line from Koparia to Badlaghat on Saharsa-Mansi Railway Line to ensure all weather communication to the said area?

The Minister of Railways and Transport (Shri L. B. Shastry): (a) It is not correct that the railway line from Koparia to Badlaghat remains unsafe for a major part of the year. The trouble mostly is during the monsoon season from July to October every year.

(b) The Kursila Nulla Bridge is maintained in a good state of repair but an all-weather rail connection cannot be maintained as the course of the river Kosi between Koparia and Badlaghat is unpredictable and no permanent bridges can be built till this becomes stable.

RAILWAY LANDS

***1357. Shri Ganpati Ram:** Will the Minister of **Railways** be pleased to state:

(a) whether the fallow lands lying on both the sides of Railway lines are leased on contractual basis for fixed periods; and

(b) if so, how many acres of such lands were leased from 1950 to 1952 and what the total revenue incurred from the owners of such lands was?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) Yes.

(b) Approximately 42,420 acres of land were leased from 1950 to 1952. Complete information about the total revenue derived for such lands is not available, but from the information so far available it may be in the neighbourhood of Rs. 7 lakhs.

ZONAL OFFICE OF SOUTHERN RAILWAY AT HUBLI

***1358. Shri Datar:** Will the Minister of **Railways** be pleased to state:

(a) whether at the time of the regrouping of the Railways in the South it was announced by Government that the Zonal Office of the Northern portion of the Southern Railway consisting of metre gauge lines would be located at Hubli;

(b) whether in pursuance of the above decision, the Central Government have purchased from the Bombay Government the labour tenements built by the latter at Hubli; and

(c) when the regional offices of this Northern Zone will be shifted to Hubli from its present temporary location?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) Although Hubli was considered more suitable from the point of view of operation, the Headquarters of the Northern Metre Gauge region of the Southern Railway was located for the time being at Mysore, in view of the availability of accommodation and the need for starting with a minimum of staff movements.

(b) The tenements built by the Government of Bombay have been purchased for housing the staff already in Hubli and not in pursuance of any decision relating to the regrouping of the Southern Railway.

(c) As the reasons for preferring Mysore to Hubli still hold good, Government are unable to state when the shift is likely to take place.

PREVENTIVE DETENTION ACT

*1359. **Shri N. B. Chowdhury:** Will the Minister of **Home Affairs** be pleased to state what amount of expenditure the Government of India have incurred in connection with the implementation of the Preventive Detention Act?

The Minister of Home Affairs and States (Dr. Katju): The Government of India have incurred no such expenditure since no person was detained under the Act under their orders.

NEW DELHI MUNICIPAL COMMITTEE

*1360. **Shri Radha Raman:** Will the Minister of **Health** be pleased to state whether there is any proposal to have elected Members for the New Delhi Municipal Committee?

The Minister of Health (Rajkumari Amrit Kaur): The matter is under consideration.

DISPLACED P. AND T. EMPLOYEES IN MATAPAN LINES

*1361. **Shri Velayudhan:** Will the Minister of **Communications** be pleased to state:

(a) how many displaced P. & T. employees are living in the Matapan Lines, P. & T. Transit Camp;

(b) how much floor space has been allotted to each and what amenities are provided in this camp and on what basis;

(c) whether Government have cut their house rent allowance and if so, when it was cut and why;

(d) whether an additional 5 per cent is being cut from their salaries and if so, why; and

(e) when Government propose quartering these employees in proper houses?

The Deputy Minister of Communications (Shri Raj Bahadur): (a) 92.

(b) Average area provided is 417 sq. ft.

In the way of amenities, electricity is available and one or two common water taps, baths and latrines are available for each barrack housing six or seven families.

There are ration and grocery shops on the premises run by private parties. An elementary school run by the New Delhi Municipal Committee exists. A room has been set apart for a Recreation Club.

(c) Yes, House Rent Allowance is being forfeited since December, 1947, when these barracks ceased to be a transit camp.

As a matter of principle, no official who has been provided with Government accommodation is allowed to draw House Rent Allowance.

(d) Yes, generally speaking, rent for accommodation provided by Government is charged at 10 per cent. of the emoluments. But since this accommodation cannot be treated as standard, rent recovery at a concessional rate of 5 per cent., instead of the usual 10 per cent. has been ordered with effect from 1st January, 1950.

(e) Approximately by the end of the next financial year when new quarters are likely to be ready.

WASTE LANDS IN MANIPUR

*1362. **Shri Rishang Keishing:** Will the Minister of **States** be pleased to state:

(a) the acreage of cultivable waste lands in Manipur;

(b) how much of such land has been settled with landless peasants and how much remains uncultivated; and

(c) whether it is the policy of Government to bring the waste land under cultivation?

The Minister of Home Affairs and States (Dr. Katju): (a) and (b). The information is being collected and will be laid on the Table of the House in due course.

(c) It is the policy of Government to encourage the cultivation of cultivable waste lands; even legislative measures are being implemented or are under contemplation for this purpose. The hon. Member will doubtless appreciate, however, that there are sometimes competing demands for the use of these waste lands and when these arise, the question becomes one of priorities and best use to which the land can be put in public interests.

GHEE

*1363. **Shri B. N. Roy:** Will the Minister of **Food and Agriculture** be pleased to state:

(a) whether *Ghee* is exported from India;

(b) if so, the quantity exported in 1950-51 and 1951-52; and

(c) whether Government propose to discourage its export?

The Minister of Food and Agriculture (Shri Kidwai): (a) and (c). Export of *Ghee* from India is prohibited except for very small quantities allowed to Indian nationals going abroad on health reasons, transfers, etc.

(b) 2·8 tons in 1950-51 and nil during April, 1951 to February 1952.

AGRICULTURAL AND DAIRY MACHINERY

*1364. **Shri M. L. Dwivedi:** Will the Minister of **Food and Agriculture** be pleased to state:

(a) the origin and growth of the scheme for the purchase of Agricultural and Dairy Machinery;

(b) what are the financial implications involved in the scheme;

(c) whether the scheme is working successfully; and

(d) whether Government will place on the Table of the House a statement containing the list of various kinds of Agricultural and Dairy machinery with prices at which they become available including cost of transit etc.?

The Minister of Food and Agriculture (Shri Kidwai): (a) In 1944-45 the various State Governments wanted to place orders for tractors and connected implements and Dairy machinery for food production. As there were heavy restrictions on exports in the manufacturing countries it was felt that matters would be facilitated if the Government of India arranged the procurement. Accordingly after ascertaining the firm requirements of the States an order for certain tractors and dairy machinery was placed through the Supply Department. The last batch of the machinery against this order was received in March, 1950. As the supply position of the tractors etc. in the manufacturing countries as also in the local markets has since improved, it was decided to discontinue the scheme with effect from 51-52 and the State Governments were advised to make their own arrangements for securing their requirements either from the local markets or through D.G.S.D.

(b) The scheme was to work on a "no profit no loss" basis, the State Governments having accepted full financial liability in respect of stores ordered by them. The audited "Trading and Profit and Loss" Accounts of the Scheme from its origin up to the close of 1949-50 are placed on the Table. The net profit of Rs. 5,62,973-3-0 observed in the P. & L. Accounts has been retained to cover certain indirect charges such as pay and allowances of staff employed by the Government of India on the work of procurement and distribution, audit, Stationery etc. which have not been included in the P. & L. Account.

(c) Does not arise as the scheme has since been discontinued.

(d) A statement showing the value of the machinery purchased during the operation of the scheme is placed on the Table. [*See* Appendix VII, annexure No. 1.]

NATIONAL CHILDREN'S BUREAU

*1365. **Shrimati Jayashri:** Will the Minister of **Health** be pleased to state whether Government propose to open a National Children's Bureau?

The Minister of Health (Rajkumari Amrit Kaur): There is no such proposal under consideration at present.

COMPUTING OF ADDITIONAL YIELD OF FOODGRAINS

*1366. **Shri Jhulan Sinha:** Will the Minister of **Food and Agriculture** be pleased to state:

(a) whether it is a fact that certain formulæ have been laid down for computing the additional yield per acre of foodgrains out of the schemes of wells and other minor irrigation projects executed under the "Grow More Food" Campaign as also out of seeds distributed and fertilisers and oil cakes sold out to cultivators; and

(b) whether these formulæ are based on data tested either in the Government farms or elsewhere?

The Minister of Food and Agriculture (Shri Kidwai): (a) Yes.

(b) The yardsticks for measuring additional production are those fixed by experts on the basis of field experiments. They are also tested by random sample surveys conducted by the Indian Council of Agricultural Research.

CARRIAGE OF FOODGRAINS (FREIGHT)

*1367. **Shri K. C. Sodhia:** Will the Minister of **Food and Agriculture** be pleased to state:

(a) the total amount paid to the Indian Railways as freight for the

carriage of foodgrains during 1951-52 on Government account;

(b) the total amount paid to the shipping companies for the same during 1951-52; and

(c) the names of the shipping companies who brought the food grains and the amount paid to each?

The Minister of Food and Agriculture (Shri Kidwai): (a) Foodgrains are delivered to the recipient administrations at the port of landing from where these are despatched to destinations on recipient Governments' account, who pay railway freight. Information about the railway freight paid during the year 1951-52 is not therefore, available with the Ministry of Food and Agriculture.

(b) Complete accounts of payment made have not yet been received but on the basis of best data available, the sea freight payable on foodgrains imported during 1951-52 works out to about Rs. 50·8 crores.

(c) A statement is placed on the Table of the House showing the sea freight paid to each Indian Shipping Company in respect of foodgrains imported in 1951-52. [*See* Appendix VII, annexure No. 2.]

Information about sea freight paid to *each* foreign company is not readily available and its compilation will involve heavy clerical labour.

Oil Seeds

***1368. Shri R. N. Singh:** Will the Minister of **Food and Agriculture** be pleased to state the total amount of various kinds of oil seeds exported from India during the years 1951 and 1952?

The Minister of Food and Agriculture (Shri Kidwai): Exports of oilseeds amounted to 192,000 tons and 62,000 tons during 1950-51 and 1951-52 (April-February) respectively.

Sugar-cane Cultivation

***1369. Shri B. N. Roy:** Will the Minister of **Food and Agriculture** be pleased to state:

(a) the acreage of sugar-cane cultivation (State-wise) in 1951-52;

(b) the quantity (in maunds) of sugar-cane crushed in factories in 1951-52 (State-wise); and

(c) whether it is a fact that reduction in price of sugar and sugarcane has been proposed by the Government of India?

The Minister of Food and Agriculture (Shri Kidwai): (a) Attention is invited to the statement laid on the Table of the House in reply to Unstarred Question No. 248 on 23-6-1952.

(b) A statement containing the available information is laid on the Table of the House.

(c) Attention is invited to the reply given to parts (a) and (b) of Starred Question No. 6 on 28-5-52.

STATEMENT

Showing the Quantity of Sugarcane Crushed in Sugar Factories (State-wise) during 1951-52 Season (Estimated)

(Figures in lakh maunds)

(1) U.P.	2420·6
(2) Bihar	599·0
(3) West Bengal	17·9
(4) Punjab	50·9
(5) Orissa	7·8
(6) Madras	275·2
(7) Rajasthan	31·3
(8) Travancore	18·4
(9) Bombay	355·1
(10) Bhopal	9·6
(11) Mysore	56·7
(12) Pepsu	86·6
(13) Hyderabad	107·6
(14) Madhya Bharat	49·8
(15) Ajmer.	3·4
TOTAL	4089·9

Retrenchment of State Employees of Manipur

***1370. Shri L. J. Singh:** Will the Minister of **States** be pleased to state:

(a) how many officials and class IV servants of the Manipur State Government were retrenched during the re-arrangement of the offices at the time of integration of the Manipur State with the Union of India;

(b) how many of them have been given appointments since then; and

(c) what the criteria were under which the retrenchment was given effect to?

The Minister of Home Affairs and States (Dr. Katju): (a) Officials 72.

Class IV servants 246.

(b) The required information has been called for and will be placed on the Table of the House when it becomes available.

(c) The following criteria were adopted for purposes of retrenchment of the employees:

(i) firstly, unsuitable persons, who, with leave due to them, would be en-

titled to full or fair pension were pensioned off,

(ii) secondly, in connection with the reorganisation of each department senior and more efficient persons were retained and junior and inefficient or otherwise unsuitable persons were retrenched.

MASULIPATAM-PULIGADDA RAILWAY LINE

*1371. **Shri Buchhikotaiah:** Will the Minister of **Railways** be pleased to state whether there is any proposal to construct a new Railway line from Masulipatam Station to Puligadda?

The Minister of Railways and Transport (Shri L. B. Shastri): The reply is in the negative.

BONE-MEAL FACTORIES

*1372. **Shri M. Islamuddin:** Will the Minister of **Food and Agriculture** be pleased to state:

(a) the number of bone-meal factories in India and their location;

(b) the extent of production;

(c) the extent of supply by bone-millers to each State; and

(d) whether there is any restriction on its price and distribution?

The Minister of Food and Agriculture (Shri Kidwai): (a) Fifty-two. A statement furnishing the names and location of factories is placed on the Table of the House. [*See* Appendix VII, annexure No. 3.]

(b) 35,000 tons annually.

(c) The information was called for from all the bone-millers. Replies from only thirteen bone-mills have so far been received and are shown in the statement placed on the Table of the House. [*See* Appendix VII, annexure No. 4.] Replies from the remaining factories are awaited.

(d) There is no statutory control on the price and distribution of bonemeal. There is, however, an effective gentleman's agreement with the bone-millers who supply bone-meal to the State Governments at Rs. 190 per ton in respect of port factories and a little higher price in case of factories located in the interior.

THIRD CLASS COMPARTMENTS

*1373. **Shri M. Islamuddin:** Will the Minister of **Railways** be pleased to state:

(a) whether fans have been provided in all class III carriages of North-Eastern Railway;

(b) if so, on the whole of the railway or in a Section only; and

(c) if on a Section only, what action, if any, Government propose to take to provide fans in class III carriages on the remaining section of the said Railway?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) About 1,400 fans have been fitted in III class coaches of the North Eastern Railway.

(b) All coaches have not been fitted. It is not proposed to fit fans in coaches due scrapping shortly.

(c) Fans are fitted when the carriages are given major repairs in the workshops. 186 New III class coaches fitted with fans have been allotted to the North Eastern Railway. These coaches are expected during the current financial year.

TELEGRAPH AND TELEPHONE DEPARTMENT OF TRAVANCORE-COCHIN STATE

*1374. **Shri Achuthan:** Will the Minister of **Communications** be pleased to state:

(a) when the departments of Telegraph and Telephones of Travancore-Cochin State were taken over by the Central Government and what amount was paid to the state; and

(b) the annual income in 1951 from that region in those departments?

The Deputy Minister of Communications (Shri Raj Bahadur): (a) There was no separate telegraph system in the State. There was a separate telephone system in the Travancore portion only; it was taken over on the 1st April, 1950. In accordance with the Federal Financial Integration no compensation was paid to the State for the transfer.

(b) The estimated income for the official year ending 31st March, 1951, was about Rs. 13·60 lakhs of rupees. For the subsequent period, information is not available as separate accounts are not maintained for different regions.

FUEL ENQUIRY COMMITTEE

*1375. **Shri Vittal Rao:** Will the Minister of **Railways** be pleased to state:

(a) whether the Railway Fuel Enquiry Committee has completed its work and submitted its report; and

(b) if the answer to part (a) above be in the negative, whether an interim report is being called for?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) No.

(b) The Committee has already submitted an interim report.

RAILWAY EMPLOYEES

*1376. **Shri Vittal Rao:** Will the Minister of **Railways** be pleased to state:

(a) the total number of temporary Railway employees as on 1st June, 1952 all over the Railways;

(b) how many temporary employees have been confirmed during the months of May and June 1952;

(c) how many temporary employees are there in the ex-Nizams State Railway sector of Central Railway on 1st June, 1952; and

(d) how many have been confirmed during the months of May and June, 1952?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) to (d). Information is being obtained from Railways and will be laid on the Table of the House.

AGRA-BAH RAILWAY LINE

*1377. **Ch. Raghubir Singh:** Will the Minister of **Railways** be pleased to state:

(a) whether Government propose to revive the Agra-Bah Railway line which was suspended during the World War II; and

(b) if so, how long it will take?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) The reply is in the negative. This line was decided to be closed on financial grounds before the outbreak of War and is not at par with the other lines which were dismantled during the War for meeting urgent military requirements of track material.

(b) Does not arise.

THIRD CLASS COMPARTMENTS

*1378. **Shri Kandasamy:** Will the Minister of **Railways** be pleased to state:

(a) how many 3rd class compartments of Railway trains in the Southern Zone are equipped with fans; and

(b) what is the percentage of such compartments to the total number of 3rd class compartments in that Zone?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) 191 Carriages.

(b) 17 per cent. of the number due to be fitted with fans.

P. AND T. ADVISORY COMMITTEES

*1379. **Shri Dabhi:** Will the Minister of **Communications** be pleased to state:

(a) whether it is a fact that Government have appointed Post and Telegraph Advisory Committees for different areas and circles;

(b) if the answer to part (a) above be in the affirmative, for which areas and circles in Bombay State have these Committees been formed; and

(c) the strength of each of these Committees, and what interests are represented on these Committees?

The Deputy Minister of Communications (Shri Raj Bahadur): (a) Yes.

(b) There is only one Regional P. & T. Advisory Committee for Bombay Circle, which covers Bombay, Saurashtra and Kutch States.

(c) The composition of the Regional P. & T. Advisory Committee for Bombay Circle is as follows:—

(1) Chairman—P.M.G., Bombay .	1
(2) Representatives of Bombay State Government (One official and the other non-official) .	2
(3) Representatives of Parliament (Selected by the Minister for Communications). . . .	2
(4) Representatives of Trade and Commerce (Nominated by the Bombay State Govt.) .	4
(5) Representative of Saurashtra (Nominated by the State Govt.)	1
(6) Representative of Kutch (Nominated by the State Govt.) .	1
TOTAL . .	11

CHIT-BARAGAON AND BUXAR RAILWAY LINK

*1380. **Shri R. N. Singh:** Will the Minister of **Railways** be pleased to state whether Government propose to open a Railway Link between Chitbaragaon and Buxar lying on the old E.I.R.?

The Minister of Railways and Transport (Shri L. B. Shastri): The reply is in the negative.

RAILWAY STORES

*1381. **Shri Vittal Rao:** Will the Minister of **Railways** be pleased to state:

(a) the book value of the total balance of Railway stores as at the end of 31st March, 1952;

(b) the book value of the Stores issued during the financial year 1951-52; and

(c) the book value of the Stores transferred as scrap and the difference in value between the two?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) Rs. 61·10 crores. This is only a provisional figure as the final accounts for the year ended 31st March 1952 are not yet due to be closed.

(b) Rs. 92·83 crores provisionally.

(c) Book value Rs. 1·68 lakhs and the difference Rs. 1·40 lakhs.

TRANSPORT ADVISORY COUNCIL

*1382. **Shri Kandasamy:** Will the Minister of **Transport** be pleased to state:

(a) the main recommendations of the Transport Advisory Council;

(b) whether Government have accepted them; and

(c) if so, the delay in approving the above recommendations?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) A summary of the conclusions reached at the 12th meeting of the Transport Advisory Council held in April 1951 is laid on the Table of the House. [*See* Appendix VII, annexure No. 5.] The main recommendations related to the report of the Motor Vehicle Taxation Enquiry Committee.

(b) and (c). The report of the Motor Vehicle Taxation Enquiry Committee covers a wide field affecting direct and indirect taxes on road transport users in the Central as well as State sphere. The recommendations of the Committee are under consideration in consultation with the State Governments. The views of some of the State Governments are still awaited.

RAILWAY ACCIDENTS

*1383. **Shri Kandasamy:** Will the Minister of **Railways** be pleased to state:

(a) the number of Railway accidents in Southern Railway in the year 1950-51 and 1951-52;

(b) the number of deaths and persons injured; and

(c) the amount of compensation paid?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) Two serious accidents in 1950-51 and one in 1951-52.

(b) One killed and 30 injured in 1950-51 and none killed and 2 injured in 1951-52.

(c) No compensation was paid to passengers or their dependants under the Indian Railways Act, as no such claims were received in 1950-51 and the two small claims received in 1951-52 were not entertainable. One claim under the Workmen's Compensation Act on behalf of a Railway employee was, however, received and paid in 1950-51.

SAHARANPUR-SHAHDARA LIGHT RAILWAY

*1384. **Shri K. R. Sharma:** Will the Minister of **Railways** be pleased to state:

(a) what agency is running the Saharanpur Shahdara Light Railway;

(b) when the term of agreement of that agency expires;

(c) whether Government are aware of the state of management of this Railway; and

(d) whether Government propose to take over the management of the Railway at an early date?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) The Shahdara (Delhi) Saharanpur Light Railway Co., Ltd., whose Managing Agents are M/s. Martin Burn Ltd., Calcutta.

(b) On 18th April, 1955, provided Government exercises the option to purchase the line by giving one year's notice.

(c) Some complaints about unsatisfactory management of this railway were received last year but on investigation it was found that the main difficulty was overcrowding, as the increase in passenger stock did not keep pace with increase in passenger traffic as on all Indian Railways.

(d) Not before the next option date

RAILWAY ACCIDENT AT LALKUAN

*1385. **Shri M. L. Dwivedi:** Will the Minister of **Railways** be pleased to state:

(a) whether it is a fact that 8 Up Nainital Express ran into a stationary passenger train at Lalkuan station near Kathgodam on the North Eastern Railway on the 14th June, 1952;

(b) if so, what are the casualties and damage to public and private property;

(c) the reasons which led to the accident; and

(d) Who are the persons responsible for the accident?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) Yes.

(b) Two passengers in 8 Up Express were slightly injured. The approximate cost of damage to railway property was Rs. 300. There was no damage to public property.

(c) Admission of 8 Up Express on a line already occupied by 158 Down Passenger. *Prima facie* it is understood to be a case of wrong setting of points.

(d) This will be known when the proceedings of the enquiry held into the accident have been finalised.

CHAKIA-SIDHAWALLIA RAILWAY LINE

*1386. **Shri Bibhuti Mishra:** Will the Minister of **Railways** be pleased to state:

(a) whether there is a proposal for construction of a railway line from Chakia to Sidhawallia in near future; and

(b) if so, when the construction work will start?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) The reply is in the negative.

(b) Does not arise.

RAKES

308. **Shri Deogam:** Will the Minister of **Railways** be pleased to state whether the following sidings where two rakes are placed for *pro rata* distribution can accommodate three rakes after leaving out the *pro rata* share of Bird and Co., and the Tata Iron Steel Co. Ltd. which are placed on their assisted sidings:—

(i) Barajamda Public ore loading siding;

(ii) Noamundi Public Siding;

(iii) Barbil Branch Public loading siding (i.e. 3A, siding of Barbil); and

(iv) Joint assisted siding of Tulloch, Lodha, K. N. Ram, C.P.M.O., Mc. Dill and Sarda at Barbil?

The Minister of Railways and Transport (Shri L. B. Shastri): Yes, the total capacity of all these sidings put together permits of the loading of a third train, subject, of course, to wagon availability.

संविहित और असंविहित राशन-व्यवस्था

३०९. **श्री एन० एल० जोशी :** क्या खाद्य तथा कृषी मंत्री यह बतलाने की कृपा करेंगे :

(क) भारत में विविध राज्यों के ३,००० से अधिक जनसंख्या वाले ऐसे नगरों की संख्या जिन में संविहित और असंविहित राशन व्यवस्था चल रही है;

(ख) ऊपर भाग (क) में निर्दिष्ट नगरों की मध्यमान जनसंख्या क्या है ;

(ग) भारत में विविध राज्यों के ३००० से कम जनसंख्या वाले ऐसे गांवों की संख्या, जिन में नियंत्रित दामों पर खाद्यान्नों के वितरण की व्यवस्था है ; और

(घ) ऊपर भाग (ग) में निर्दिष्ट गांवों की मध्यमान जनसंख्या ?

The Minister of Food and Agriculture (Shri Kidwai): (a) The total number of towns in India statutorily and non-statutorily rationed according to latest available information is 302 and 1,202 respectively.

(b) The average ration-card population of these towns is 107,281 and 24,295 respectively.

(c) The total number of villages covered by Government distribution is 156,459. Information relating to villages with population less than 3,000 only is not separately available.

(d) The average ration-card population of these villages is 346.

VANASPATI

310. Shri Ganpati Ram: Will the Minister of **Food and Agriculture** be pleased to state the total production of Vanaspati during January to April, 1952?

The Minister of Food and Agriculture (Shri Kidwai): The production of Vanaspati during January to April, 1952 was 59,462 tons as follows:—

January '52 .	15,658	tons.
February '52 .	16,178	,,
March '52 . .	14,755	,,
April '52 . .	12,871	,,
Total .	59,462	tons.

THEFT OF COPPER WIRES

311. Shri M. L. Dwivedi: Will the Minister of **Communications** be pleased to state:

(a) whether the penal provisions of the Telegraph Wires (Unlawful Possession) Act 1950 have come into force;

(b) how many persons have so far been apprehended under the Act; and

(c) whether there is an appreciable fall in the Copper Wire thefts as a result of the application of the Act?

The Deputy Minister of Communications (Shri Raj Bahadur): (a) Yes.

(b) About eighty persons are known to have been apprehended so far.

(c) No.

FOOD GIFTS

312. Shri P. T. Chacko: Will the Minister of **Food and Agriculture** be pleased to state:

(a) what is the total quantity of foodgrains sent to India by voluntary relief agencies in America during the year 1951-52; and

(b) whether private agencies in any other country have sent food materials to India and if so, the countries which have done so and the amount of foodgrains sent by private agencies in each country?

The Minister of Food and Agriculture (Shri Kidwai): (a) During April, 1951 to March, 1952, approximately 1,660 tons of foodgrains. donated by organisations and individuals in U.S.A., were received in India for relief purposes.

(b) Yes. A statement is laid on the Table of the House.

STATEMENT

	T	C	Q	L
(1) Australia . .	232	0	0	0
(2) Brazil . . .	457	0	0	0
(3) Burma . . .	973	15	2	14
(4) British East Africa	11	0	0	0
(5) British Guiana .	300	0	0	0
(6) Ceylon . . .	2	14	3	14
(7) Ethiopia . .	500	0	0	0
(8) France . . .	2	0	0	0
(9) Fiji . . .	102	6	5	0
(10) Germany . .	0	0	4	0
(11) Goa . . .	9	0	0	0
(12) Malaya . . .	17	13	3	0
(13) Thailand . .	1854	13	2	13

FOREST LAND

313. Dr. Ram Subhag Singh: Will the Minister of **Food and Agriculture** be pleased to state:

(a) the total acreage of forest land which has been brought under cultivation since August, 1947; and

(b) whether Government propose to bring any more forest land under cultivation during the current year?

The Minister of Food and Agriculture (Shri Kidwai): (a) The Central Tractor Organisation started jungle clearance operations in the Tarai area of Uttar Pradesh in the 1950-51 reclamation season. An area of 20,265 acres has so far been made ready for ploughing, and out of this area 18,414 acres have been prepared for receiving seed in the 1951-52 season. The latter acreage will be brought under actual cultivation in the next *kharif* and *rabi* seasons.

Besides, a total area of 6,19,844 acres of forest land has been brought under cultivation in the various States since August, 1947, according to information received from the State Governments. Information has not so far been received from the Governments of U.P., Bihar and Madhya Pradesh.

(b) As far as the Central Tractor Organisation is concerned, no further operations on forest lands are proposed to be undertaken this year. According to information received from State Governments, they propose to bring 23,735 acres more of forest land under cultivation this year.

PERMANENT EMPLOYEES OF LOCAL BODIES

314. Sardar Hukam Singh: Will the Minister of **Home Affairs** be pleased to state:

(a) whether the permanent employees of the local bodies in West Pakistan have been absorbed in services in India after their displacement during 1947-48; and

(b) if not, whether Government have any plans to absorb those who have still no employment?

The Minister of Home Affairs and States (Dr. Katju): (a) From the information available with us, it is found that 90 permanent employees of Local Bodies in West Pakistan have secured employment under the Government of India. Fuller information is being collected and will be placed on the table of the House in due course.

(b) All employees, both permanent and temporary, of Local Bodies in West Pakistan are being rendered employment assistance on a priority basis through the Directorate General of Resettlement and Employment/ Employment Exchanges.

PASSENGER AND GOODS TRAFFIC

315. Pandit Munishwar Datt Upadhyay: (a) Will the Minister of **Railways** be pleased to state what is the increase in passenger and goods traffic since 1940 on the systems of old East Indian and Bengal and Nagpur Railways?

(b) What were the numbers of coaches, wagons and engines in the years 1940 and 1951 in the East Indian and Bengal and Nagpur Railways?

(c) What percentage of these engines, passenger coaches and wagons used to be in active use and what percentage used to be lying idle?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) Over the period 1940-41 to 1950-51, passenger traffic, measured in terms of passenger miles, increased approximately by 134·7 per cent. on the E. I. Railway and 191·6 per cent. on the B. N., and freight traffic, in terms of net ton miles, increased by 15·4 and 12·5 per cent. on the E. I. and B. N. Railways respectively, over the same period.

(b) The average number of stock on line was—

	E. I. Railway		B. N. Railway	
	1940-41	1950-51	1940-41	1950-51
(1) Passenger carriages (in units)	2,441	2,332	1,122	1,096
(2) Wagons (in terms of 4-wheelers)	49,695	63,947	26,142	28,222
(3) Engines	1,616	2,103	745	844

(c) Statistics are maintained only of stock 'available for use', and not in *active use*. The percentage of stock available for use was—

	E. I. Railway		B. N. Railway	
	1940-41	1950-51	1940-41	1950-51
Passenger carriages	90·7	87.4	86·9	90·6
Wagons	95·1	93·1	94·4	92·9
Engines	85·5	82·0	83·1	86·5

The balance was not available for use.

Figures for the E. I. Railway. for the year 1950-51 include the Sealdah Division, which was added to that system on Partition.

ROAD ACCIDENTS

316. Shri Radha Raman: Will the Minister of **Home Affairs** be pleased to state:

(a) the number of road accidents which occurred in Delhi and New Delhi during the years 1948-49, 1949-50, 1950-51 and 1951-52;

(b) how many of them proved fatal;

(c) how many were men, women and children respectively; and

(d) what action Government propose to take in order to minimise them?

The Minister of Home Affairs and States (Dr. Katju): (a) to (d). I lay a statement on the Table of the House. [*See* Appendix VII, annexure No. 6.]

CO-OPERATIVE SOCIETIES

317. Shri Rishang Keishing: Will the Minister of **States** be pleased to state:

(a) the number of co-operative registered societies in Manipur; and

(b) how many of these have been liquidated in 1951-52?

The Minister of Home Affairs and States (Dr. Katju): (a) 565 (five hundred and sixty-five).

(b) The number of co-operative societies which have gone into liquidation so far is 228.

DISPLACED GOVERNMENT SERVANTS

318. Sardar Hukam Singh: Will the Minister of **Home Affairs** be pleased to state:

(a) how many permanent posts of assistants are available under the re-organization Scheme;

(b) how many such posts are allocated to the provincial displaced Government servants in the non-test category; and

(c) whether the displaced Government Servants Association have represented regarding the inadequacy of the number of posts accruing to therein?

The Minister of Home Affairs and States (Dr. Katju): (a) and (b). The authorised permanent strength of Assistants is 1800. Against this number about 760 persons who are already permanent in the Assistants' Grade will first be taken. About 170 departmental candidates who have been approved for permanent appointment to Grade III but cannot be so appointed for want of vacancies will be confirmed as Assistants unless they are already confirmed Assistants. The remaining vacancies have been distributed on a proportionate basis as follows:—

(I) The Non-Test Category —Total	...	270
Displaced Government servants	...	87
Others	...	183
(II) The First Test Category	...	400 and
(III) The Second Test Category	...	200

In addition to the non-Test quota mentioned displaced Government servants have also qualified for confirmation by virtue of their selection to permanent appointments to Grade III and their securing a position in either of the two tests.

Any vacancies remaining over due to over-lap etc. will be distributed among these categories.

(c) Yes, Representations have been received from or on behalf of various categories of temporary Assistants including displaced Government servants.

HOLIDAY HOMES

319. Shri M. L. Dwivedi: Will the Minister of **Communications** be pleased to state:

(a) the number of Holiday Homes with names of places where they are situated, for the benefit of postal employees in receipt of pay of less than Rs. 300;

(b) the facilities which are generally available to the employees;

(c) the number of employees who have been benefited by the amenity;

(d) whether this amenity is going to be expanded during the current year; and

(e) if so, to what extent?

The Deputy Minister of Communications (Shri Raj Bahadur): (a) Seven at Mount Abu, Pachmarhi, Dalhousie, Jutogh, Ranikhet, Baidyanath Deoghar, and Matheran.

(b) All Holiday Homes with the exception of the one at Matheran in Bombay Circle, are furnished with suitable furniture and utensils for kitchen and service.

(c) 79 officials and their families.

(d) and (e) The matter is under the consideration of Government.

RE-MODELLING OF RAILWAY STATIONS

320. Shri Muniswamy: Will the Minister of **Railways** be pleased to state:

(a) how many Railway stations in the Southern Railways were undertaken for re-modelling and reconstruction work during the year 1951-52; and

(b) what is the position regarding the re-modelling work of Cuddalore, N. T. Railway Station, in the Southern Railways?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) The Southern Railway undertook re-modelling and reconstruction work at sixteen stations during the year 1951-52.

(b) The work of improvements to passenger facilities at Cuddalore New Town Railway Station is nearing completion.

RAILWAY BRIDGE OVER AGRA FORT

321. Ch. Raghubir Singh: Will the Minister of **Railways** be pleased to state:

(a) whether it is a fact that the railway bridge built over the Agra Fort Station in Uttar Pradesh was meant for

the passengers to cross over from the Metre gauge to the Broad gauge and *vice-versa*;

(b) whether it is a fact that this passage is blocked;

(c) if so, why it is so;

(d) whether there is any other passage for the passengers to cross over the railway lines from one platform to the other; and

(e) whether Government are aware of the fact that the passengers are put to a great inconvenience due to the blockade of the bridge passage and there is a danger for the life of the passengers?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) Yes.

(b) It is not a fact that the passage from the broad gauge platform to the metre gauge platform *via* the foot overbridge has been blocked.

(c) The foot overbridge is meant primarily for connecting the two platforms, but in addition there are gates leading from each of the platforms at the foot of the bridge on either side, to the main roads outside. These gates are kept closed to prevent passengers from going out without their tickets being checked or outsiders from entering the railway premises through the foot overbridge which is meant exclusively for the use of *bona fide* passengers going from one platform to the other.

(d) As the foot overbridge remains open for passengers crossing from one platform to the other, no other passage is required by them.

(e) Does not arise.

T. B. CLINICS FOR RAILWAY EMPLOYEES

322. Shri Vittal Rao: Will the Minister of **Railways** be pleased to state:

(a) whether it is a fact that the Railway Board has decided to build two T.B. Clinics for providing medical treatment to the Railway employees suffering from T.B.;

(b) if the answer to part (a) above be in the affirmative, the number of beds each hospital will have;

(c) where they will be located;

(d) the estimated expenditure for the construction of the buildings to house the clinics; and

(e) whether the families of the patients will be provided with housing accommodation near the clinic?

The Minister of Railways and Transport (Shri L. B. Shastri): (a) Yes. Government have decided to build T. B. Sanatoria for providing medical treatment to the Railway employees suffering from T. B. The present intention is to provide a total of 300 beds.

(b) to (e). These are at present under examination.

MADURA-BODINAICKANOOR RAILWAY LINE

323. Shri Kandasamy: Will the Minister of **Railways** be pleased to state when the work of restoring the Madura-Bodinaickanoor Railway line, which was dismantled during War II, will commence?

The Minister of Railways and Transport (Shri L. B. Shastri): The work on the restoration of Madura-Bodinayakkanur Railway line will commence during the current financial year.

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THE PARLIAMENTARY DEBATES

(Part II—Proceedings other than Questions and Answers)

OFFICIAL REPORT

HOUSE OF THE PEOPLE

Tuesday, 1st July, 1952

The House met at a Quarter Past Eight of the Clock.

[MR. SPEAKER *in the Chair*]

QUESTIONS AND ANSWERS

(See Part I)

GENERAL BUDGET—DEMANDS FOR GRANTS

Mr. Speaker: We shall now continue with the Demands for grants relating to the Ministry of Food and Agriculture and the cut motions thereon. The hon. the Food Minister will reply.

The Minister of Food and Agriculture (Shri Kidwai): The debate for the last two days has mostly been confined to a criticism of the effectiveness of the 'grow more food' campaign and also to a certain extent on decontrol. But before I deal with these two subjects, I would like to reply to a question put to me by a Member about arrangements in Bengal. The arrangements that were made in Bengal are being given effect to immediately. Cheap grain shops are being opened in district areas. In some parts they are already functioning; in other parts where they are considered necessary, they will be opened. I had received some complaints that these shops have not been opened in certain areas. I have referred the question to the State Government and I have received a reply saying that they are making enquiries and if they find that cheap grain shops should be opened in a certain area, they would surely open them. The only item that has not yet been given effect to is the opening of economic price shops for rice in Calcutta. The Bengal Government have already received some rice and I understand that on the 7th of this month they would be opening economic price rice shops. With this arrangement in Calcutta, all arrangements in Bengal would be completed.

The criticism on the ineffectiveness of the 'grow more food' campaign has been varied. Different friends have criticised it from different angles of vision. Some people confined their criticism to political ideology. My hon. friend Sardar Lal Singh thinks that you cannot produce more food in this country unless Government makes a declaration that zamindaris will not be abolished and that persons should be encouraged to have larger and larger farms.

Sardar Lal Singh (Ferozepur-Ludhiana): I am afraid, Sir, I am being misquoted altogether. I made a definite declaration before starting that I was in favour of the abolition of zamindari. I only advocated it because of modernisation of agriculture.

Shri Kidwai: I am sorry if I have misunderstood my hon. friend. But what he said was that the agricultural industry should be allowed to continue in private hands, Government should not indulge in cooperative or collective farming and there should be no talk about dividing big farms into small holdings. Am I correct?

Sardar Lal Singh: No, Sir. I said that those people who are engaged in modern system of farming and are doing direct cultivation and not depending upon land as parasites, that is, merely collecting rents, should not be disturbed. In other words, I said that modern farming ought to be encouraged if we want to achieve the best results and get the highest yield.

Shri Kidwai: I stand corrected.

Now, there are some friends on the opposite side who feel that you cannot grow more food in this country unless you distribute all the land among the agricultural labourers. Now, these

[Shri Kidwai]

two ideas do not reconcile and, therefore, I am in a fix as to which advice to follow.

The other criticism was about the failure of the 'grow more food' campaign. Some hon. Members have attributed it to the sort of fertilisers that are being used; some have attributed it to large scale mechanisation; others have attributed it to our failure to enthuse the local agriculturists. It was suggested that an enquiry committee should be appointed to look into the matter and advise the Government. In yesterday's paper a report has been published of an enquiry committee that was appointed for this very purpose. That committee had looked into the matter. It came to the conclusion that the 'grow-more-food' campaign has not been a failure, that if there has been any wastage it is only about 20 per cent. and that it is showing results. They have suggested certain measures which will be immediately taken into consideration, and so far as possible, implemented. I hope this will satisfy hon. Members and this is all that I can say just at present about the 'grow-more-food' campaign.

Shri B. Das (Jajpur-Keonjhar): We have not seen that report.

Shri Kidwai: I think the report has not yet been received by the Ministry, but has got its way into the Press.

Much has been said about decontrol. Most of the Members of this House have supported what they thought to be a policy of general decontrol. There was some criticism from the opposite side. I believe in controlled economy. I know that we can have planned development only under a controlled economy. But the sort of controls that we have had in this country for the last ten years or so are not going to help us. We heard yesterday the difficulties that people experience, the agriculturists experience and the consumers experience on account of the working of these controls.

Controls were introduced at a time when the prices were high; without that control the consumer would have suffered. At a time when the price of wheat in Northern India rose to between Rs. 26 and 30 a maund, it would not have been possible for a majority of the consumers to get their food ration at a reasonable price. Government also intervened, procured wheat at Rs. ten in the Punjab, at Rs. 13 in the U.P. and opened shops from where people could get their requirements at reasonable prices. That was a time when the prices in the open market were very high.

Shri R. K. Chaudhury (Gauhati): On a point of information. Does the rural population get any advantage out of these controls? Do they get the advantage of rationing?

Shri Kidwai: There is rationing in some places where there is scarcity. But I think the hon. Member knows that the people of the rural areas are themselves the producers and can save their requirements. Again the agricultural labourer, in most of the places gets his wages in kind. Therefore, the rural population did not suffer so much as did the people of the cities or people not employed in agriculture.

As I was saying, the position today is quite different from the position in 1947. People have referred to the decontrol of 1947-48 and said—and are saying—that perhaps we will meet with the same experience. In 1947, when rationing was removed and all the ban on movements and other things were removed, the situation was quite different from what it is today. I know about U.P. The procurement price then was Rs. 13 a maund. The open market price was Rs. 26. Government was finding it difficult to procure at Rs. 13 a maund and had to use all sorts of coercion, including the police. That was the position. It should have been anticipated that the removal of control would raise the price to the black market prices. And, as was but natural, a week or two after decontrol, prices started to rise and control had to be reintroduced. But what is the position today? The prices outside the rationing area are lower today than the issue prices in the ration shops. In U.P. the Government have been procuring wheat at Rs. 16 a maund, and the highest price in any sector is only Rs. 16. If the procurement price had been lowered, the prices would have gone down. In some areas in U.P. the Government were procuring at Rs. 13 and Rs. 13-8, and in those areas the prices are only Rs. 13 and Rs. 13-8.

Look at what is happening in the ration shops. The offtake from the ration shops is going down because people find it profitable to purchase in the black market. Two days ago I asked for the figures and got the offtake in the western districts of U.P. I find that the offtake from the ration shops has gone down very much, and every week it is going down. In Saharanpur

the offtake in the month of May was 64 per cent. of the normal, and in the first fortnight it came down to 53 per cent. Similarly, in Bulandshahr it came down from 58 to 52 per cent.

If that is the situation, for whose interest should the present form of control be retained? As I have said, the controls were introduced in the interests of the consumers. When control does not serve the consumer's interests and helps in enhancing the price instead of reducing it, it should go. I realize that a time may come when these controls may have to be introduced in the interests of the producer, but that time has yet to come. In the meanwhile, wherever we think it is necessary, we are relaxing some of the restrictions. But we are retaining our procurement machinery. We realize that if the whole thing passes into the hands of the merchants and there is no check on merchants, the prices will again rise. Therefore, we are adopting certain measures to keep the merchants in check.

Firstly, we think that Government should always have at its disposal a large stock. Secondly, it should open fair price shops when the market starts rising. This is happening just now in Madras, because wherever the Government shops are not opened the prices start rising and as soon as they are reopened the prices go down. We have asked the Governments of the areas, where decontrol has been authorized, that they should be prepared to resume procurement before the next season begins—unless their experience goes to show that so much stock is not necessary, in which case whatever stock they consider necessary they should procure.

Similarly, we are adopting other measures to keep the private trader in check. For instance, we are introducing either a legislation or an order under this Essential Commodities Act that every grain dealer, wholesaler or retailer, must be registered. He should keep an account of the stock he purchases and disposes of, and his account should be open to inspection. Also, whenever Government finds that in any particular area the prices have risen beyond the means of the ordinary consumer, then Government will have the authority to requisition the stock from the private trader at procurement price plus a small margin and distribute it through fair price shops. I think if we can work these checks effectively, we will meet all the emergencies that may arise and our present decontrol policy will be successful. As I have said, we are decontrolling in some areas in the interests of the consumer, just as controls were introduced in the interests of the consumers.

There was some criticism about the production. Some figures were quoted from official books to show that production is going down. As most of us know, these agricultural statistics depend upon the reports of village *patwaris* or any other village official of an equal rank. When this procurement was started, the *patwaris* and the other village officials of the same rank found that if they report good production they would be required to procure a larger quantity whereas if they show some deficit that requirement will not be made, and therefore they started giving lower and lower estimates! The Department conducted some sample surveys, and we found from our sample survey that while in 1949-50 the production was over-estimated by 1·8 per cent. in 1950-51 it was under-estimated by 6·8 per cent. and in 1951-52 it was under-estimated by 4·1 per cent. If you take these figures into consideration you will find that the production has not gone down. It is true that in the last two years large areas of the country have suffered from want of rain and other calamities. But our production has gone up. Many States have brought large areas of new land under cultivation and they have started giving yields. I hope that in course of time the production of these new areas will be as good as any other fertile area, and that will go a long way in meeting our deficit.

Shri Nambiar (Mayuram): Without any land reforms?

Shri Kidwai: Many States are undertaking land reforms. I hope the hon. Member has read in the papers today that U.P. has abolished zamindari.

Shri Nambiar: That is with compensation.

Shri Kidwai: I know that that is not enough to complete land reforms, because all that it has done is to replace the zamindar by the Government. You can say that land has been nationalised; but other measures will have to follow. I hope we have made a beginning and our progress in that direction will be rapid. Hon. Members may also have read that it is under consideration whether there should be some division of land or some limit should be placed on one man's holding. All these things, I think, will bring the desired effect.

[Shri Kidwai]

A friend, the other day, I think only yesterday, had referred to socialist villages. I do not know if in any area such villages are there. I invite him to undertake the organisation of a village on socialist lines, whether it is collective farming or co-operative farming or whatever be the Socialist Party's programme. I assure him that in this measure he will find that the Government is as ready to help him as his own party will be.

Shri Sarangadhar Das (Dhenkanal—West Cuttack): On a point of explanation, Sir, I made it clear later on that by a socialist village, I did not mean that the village had become socialist. I explained that if some people voted for Socialists, they were ostracised by the ruling party.

Some Hon. Members: No, no.

Mr. Speaker: Order, order.

Babu Ramnarayan Singh (Hazaribagh West): Everywhere.

Mr. Speaker: Order, order.

Shri Kidwai: I invite the hon. Member to organise village life on socialist lines and we will help him. That is what I have said. He meant yesterday and talked of some socialist villages in Orissa.

Shri Sarangadhar Das: You again say that. I explained.....

Mr. Speaker: Order, order. Let there be no contradictions and talks now.

Shri Kidwai: I heard the criticisms of the new measure, namely the relaxations in control, made by different hon. Members. I was surprised to hear the criticism from Mr. More, because I knew and I know that his views are different and he would like this decontrol and relaxation of measures in Bombay also.

One thing more I wanted to say about this control and decontrol. As I have said, I stand for controls. When you are planning, you have to have some controls. But, the sort of controls that we are having would not meet our requirements. One of the reasons why I want to do away with this sort of controls is the expensiveness of the measure for the consumer. I have got before me a statement showing how the prices are affected by this sort of controls. I find that in one State, the procurement price of rice is Rs. 29 per maund and the issue price for wholesalers is Rs. 38: that is a rise of Rs. nine per maund plus something that the retailer will have to get before he retails it. Similarly, in U.P. the incidental charges are Rs. 3-12-7. That is, if they purchase rice at Rs. 14 a maund, it is issued to the retailers or to the other States at Rs. 17-12-7. That is a very huge margin. I have calculated that at least 40 per cent. of the increase in the prices is caused by this control and rationing. I find that in every State, except in Orissa or any other State where the incidental charges are low, the rise is somewhere between 20 and 40 per cent. Therefore, as I have said, I am trying to effect some control over the merchants. If we are watchful, I think, we will be able to control more effectively without so much cost to the consumer.

Pandit L. K. Maitra (Nabadwip): Are these the latest figures? When did you get these figures?

Shri Kidwai: Yes; latest figures.

Shri Velayudhan (Quilon *cum* Mavelikkara—Reserved—Sch. Castes): Is this all?

Mr. Speaker: He has finished.

Shri R. K. Chaudhury: May I ask a question, Sir? I did not want to interrupt the hon. Minister when he was speaking.

Mr. Speaker: I think it is no use asking any question now.

An Hon. Member: May I ask a question, Sir?

Mr. Speaker: If I allow one hon. Member, I must allow a number of them. Order, order.

Now I will put the cut motions to the vote of the House.

The question is:

"That the demand under the head 'Ministry of Food and Agriculture' be reduced by Rs. 100."

The motion was negatived.

Mr. Speaker: The question is:

"That the demand under the head 'Ministry of Food and Agriculture' be reduced by Rs. 100."

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Mr. Speaker: The question is:

"That the demand under the head 'Ministry of Food and Agriculture' be reduced by Rs. 100."

The motion was negatived.

Mr. Speaker: The question is:

"That the demand under the head 'Forest' be reduced by Rs. 100."

The motion was negatived.

Mr. Speaker: The question is:

"That the demand under the head 'Agriculture' be reduced by Rs. 100."

The motion was negatived.

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The motion was negatived.

Mr. Speaker: The question is:

"That the demand under the head 'Agriculture' be reduced by Rs. 100."

The motion was negatived.

Mr. Speaker: The question is:

"That the demand under the head 'Miscellaneous Expenditure under the Ministry of Food and Agriculture' be reduced by Rs. 100."

The motion was negatived.

Mr. Speaker: The question is:

"That the demand under the head 'Agriculture' be reduced by Rs. 100."

The motion was negatived.

Mr. Speaker: The question is:

"That the demand under the head 'Ministry of Food and Agriculture' be reduced by Rs. 100."

The motion was negatived.

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The motion was negatived.

Mr. Speaker: The question is:

"That the demand under the head 'Miscellaneous Expenditure under the Ministry of Food and Agriculture' be reduced to Re. 1."

The motion was negatived.

Mr. Speaker: All the cut motions have been negatived. Now I will put the Demands to the vote of the House.

The question is:

"That the respective sums not exceeding the amounts shown in the third column of the order paper in respect of Demands Nos. 42, 43, 44, 45, 46, 47, 48, 49, 116, 117, and 118 be granted to the President, out of the Consolidated Fund of India, to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March 1953, in respect of the corresponding heads of Demands entered in the second column thereof."

The motion was adopted.

[As directed by Mr. Speaker the motions for Demands for Grants which were adopted by the House are reproduced below.—Ed. of P.P.]

DEMAND NO. 42—MINISTRY OF FOOD AND AGRICULTURE

"That a sum not exceeding Rs. 31,11,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Ministry of Food and Agriculture'."

DEMAND NO. 43—FOREST

"That a sum not exceeding Rs. 24,23,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Forest'."

DEMAND NO. 44—SURVEY OF INDIA

"That a sum not exceeding Rs. 68,35,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Survey of India'."

DEMAND NO. 45—BOTANICAL SURVEY

"That a sum not exceeding Rs. 97,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Botanical Survey'."

DEMAND NO. 46—ZOOLOGICAL SURVEY

"That a sum not exceeding Rs. 2,85,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Zoological Survey'."

DEMAND NO. 47—AGRICULTURE

"That a sum not exceeding Rs. 2,15,01,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Agriculture'."

DEMAND NO. 48—CIVIL VETERINARY SERVICES

"That a sum not exceeding Rs. 23,25,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Civil Veterinary Services'."

DEMAND NO. 49—MISCELLANEOUS EXPENDITURE UNDER THE MINISTRY OF FOOD AND AGRICULTURE

"That a sum not exceeding Rs. 12,39,37,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Miscellaneous Expenditure under the Ministry of Food and Agriculture'."

DEMAND NO. 116—CAPITAL OUTLAY ON FORESTS

"That a sum not exceeding Rs. 16,69,000 be granted to the President, out of the Consolidated

Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Capital Outlay on Forests'."

DEMAND NO. 117—PURCHASES OF FOODGRAINS

"That a sum not exceeding Rs. 1,26,92,39,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Purchases of foodgrains'."

DEMAND NO. 118—OTHER CAPITAL OUTLAY OF THE MINISTRY OF FOOD AND AGRICULTURE

"That a sum not exceeding Rs. 20,21,33,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Other Capital Outlay of the Ministry of Food and Agriculture'."

Mr. Speaker: The House will now proceed with the Demands for Grants relating to the Ministry of Health.

DEMAND NO. 50—MINISTRY OF HEALTH

Mr. Speaker: Motion is:

"That a sum not exceeding Rs. 4,05,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Ministry of Health'."

DEMAND NO. 51—MEDICAL SERVICES

Mr. Speaker: Motion is:

"That a sum not exceeding Rs. 58,11,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Medical Services'."

DEMAND NO. 52—PUBLIC HEALTH

Mr. Speaker: Motion is:

"That a sum not exceeding Rs. 51,98,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Public Health'."

DEMAND NO. 53—MISCELLANEOUS EXPENDITURE UNDER THE MINISTRY OF HEALTH

Mr. Speaker: Motion is:

"That a sum not exceeding Rs. 46,12,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Miscellaneous Expenditure under the Ministry of Health'."

DEMAND NO. 119—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH

Mr. Speaker: Motion is:

"That a sum not exceeding Rs. 1,16,10,000 be granted to the President out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Capital Outlay of the Ministry of Health'."

Hon. Members may now move their cut motions. Babu Ramnarayan Singh. He is absent.

Babu Ramnarayan Singh *rose—*

Mr. Speaker: Hon. Members will now realise the danger in changing seats often. He had just shifted to the back bench.

Babu Ramnarayan Singh: This seat has been given by you.

Mr. Speaker: Not by me. Let there be no such impression on that account. I assigned a bloc; the party assigns the seats. The hon. Member who was sitting just here has now shifted back. That does not matter. It was my oversight; I may admit that. I would remind hon. Members that there is always that risk. I looked at that seat. I shall hereafter fix my eyes at the other seat in which he is sitting now.

Non-recognition of Labour Union of Lady Hardinge College employees.

Babu Ramnarayan Singh: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Policy

Shri Mohana Rao (Rajahmundry—Reserved—Sch. Castes): I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Medical facilities for rural people

Shri Bahadur Singh (Ferozepore—Ludhiana—Reserved—Sch. Castes): I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

General policy of medical administration

Shri Velayudhan: I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Failure to provide minimum health and medical facilities in rural parts of Bombay

Shri S. S. More (Sholapur): I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Rural health problems

Shri Waghmare (Parbhani): I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Policy

Shri Ramji Verma (Deoria Distt.—East): I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Minimum public health facilities

Shri H. N. Mukerjee (Calcutta North-East): I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Medical facilities for rural parts as compared to those in urban areas

Shri S. S. More: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Desirability of having two tuberculosis clinics and hospitals in each district with adequate staff and medicines including B. C. G. vaccinations.

Shri Rajagopala Rao (Srikakulam): I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Medical facilities for villages

Shri Ramji Verma: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

General policy

Dr. Jaisoorya (Medak): I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

All-India Medical Council

Dr. Jaisoorya: I beg to move:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

Structure and organisation

Dr. Jaisoorya: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Ayurvedic system of Medicine

Shri Nand Lal Sharma (Sikar): I beg to move:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

Filthy drainage into sacred rivers like Ganga and Jamuna

Shri Nand Lal Sharma: I beg to move:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

Inadequacy of measures for promotion of public health

Dr. Amin (Baroda West): I beg to move:

> "That the demand under the head 'Public Health' be reduced by Rs. 100."

Medical facilities for Scheduled Castes particularly in villages

Shri P. N. Rajabhoj (Sholapur—Reserved—Sch. Castes): I beg to move:

> "That the demand under the head 'Public Health' be reduced by Rs. 100."

Mr. Speaker: All these cut motions are now before the House for discussion. The scheduled time limit will be there, and we will proceed with these up to 12 NOON, inclusive of the time to be taken by the hon. Minister for reply.

Dr. Jaisoorya: I am rather in an unfortunate position that I have to criticise Departments which are under old friends of mine. That is unfortunate, but the health of the people is more important than the unhealthy minds of organisations.

My first difficulty is that I am rather nonplussed because learned bodies like the Health Department of the Government of India are at loggerheads and have accepted contrary opinions—opinions obtaining elsewhere. As an example, I am quoting about the B.C.G. Vaccine. It says here:

> "That innocuousness of the B.C.G. Vaccine and its efficacy in reducing the incidence of tuberculosis among the vaccinated has been established by numerous reports published by eminent workers in this field in different countries."

Who those are I do not know. But I am giving you the report of the University of Minnesota which has a special department working for the last 26 years on the question of tubercular immunity. I want to dispel a misconception in this House. Most people are taking me to be a Doctor of Music or Doctor of Literature. I am unfortunately a Doctor of Medicine, and therefore, I have given up practice.

I am constrained to quote, for instance, the Rockfeller Institute of Medical Research on the work done at Saranac Laboratories on B.C.G. Vaccination. Here, I do not know who has written this report of the Ministry of Health of the Government of India. It says:

> "If, as now among the North American Indians, B.C.G. Vaccination could bring about 4/5 reduction of tuberculosis mortality, the present mortality in Indian of 5 lakhs can be reduced to one lakh."

That is what is hoped to be achieved by B.C.G. Vaccination. Now, if anybody knows anything of biology, the first thing we know is we cannot apply mathematics to biology. This is childish mathematics. Now on the contrary, Dubos of the Rockfeller Institute of Medical Research has quoted in the Journal of the American Medical Association, 18th August, 1951—I cannot give you later figures because I am no longer a medical man I am not bound to study medicine any more—but it is surprising that the Rockfeller Institute of Medical Research, which I must perhaps believe is just as good as the Institute in India we are having anywhere here and the Americans would be angry if we say theirs is worse than ours—He says:

> "We are told that in Beunos Aires, the tuberculosis death rate in children under the age of 15 years decreased some 72 per cent. between 1924 and 1944. This decrease was attributed to B.C.G. This would seem to be convincing evidence were it not for the fact that during these same years the tuberculosis death rate in New York City decreased about 95 per cent without the use of B.C.G. Vaccine."

Then again, the Health Department says:

> "The innocuousness of the B.C.G. Vaccination and its efficacy in reducing the incidence of tuberculosis among the vaccinated has been established."

Here again, the Oxford University workers on T.B. Bacilli say "To plan a controlled experiment in Tuberculosis vaccination in man is a matter of so much difficulty as to be virtually impossible." Palmer of the United States Public Health Service in 1949 says "First, it must be admitted in clear and in unequivocal terms that strict scientific proof of the efficaciousness of the B.C.G. Vaccination in the control of human tuberculosis is not available." Again, Medlar, another great authority on tuberculosis says: "The difficulties of assessing the at Saranac Laboratories on B.C.G

[Dr. Jaisoorya]

value of vaccination with B.C.G. in experimental animals under controlled condition emphasizes the greater difficulties encountered in experiments in man because of the existence of uncontrolled and uncontrollable conditions." In India, the Government of India staged experiments up to the end of March 1952. 7,364,614 persons have been tested, 2,343,300 persons vaccinated, and over 100 teams trained, and a budget provision of Rs. 2,60,000 has been made in 1952-53 estimates. On the contrary, the United States Bureau of Health at a Conference held in 1946 has decided that "no convincing evidence is forthcoming. We have decided to test the B.C.G. on a nation-wide scale for 25 years." But in India, on absolutely insufficient evidence, on the evidence of one misguided enthusiast in the Government of India, we have launched upon it in 'unclear' and unproved experiments at the cost of the health of the Indian people and Indian money. The Government of India report says that it is innocuous. With my limited experience, dozens and dozens of children have been brought to me after this vaccination with Exfoliative Dermatitis. This is one aspect of the so-called scientific outlook of the Government of India.

I shall give you some more example of the scientific outlook of the Government of India's specialists. Here is the First Five Year Plan. The funny part of it is that there was a Malaria Commission earlier which took a survey of the position of the health services. On its study tour in India—it was created with specialists and I hope these specialists knew something of their job—the Commission expressed an opinion contrary to that expressed in the First Five Year Plan, in which it has been stated:

> "We have consulted several special medical panels,.....in India, the standard of living is low, and there is no social or economic machinery to level it up. Education is limited and poor in quality. About 80 per cent. population is illiterate. So far, the third essential of an organized public health service to have early diagnosis and early treatment of diseases is incomplete and only in the initial stages."

The health survey admits that. Having admitted it, it is basing its conclusion on the hope that the Bhore Committee's recommendations would be possible of being implemented if—and as my hon. friend Mr. Rafi always uses—the Five Year Plan succeeds, if that is given, if these pre-conditions are given, then we have the possibility of putting these into effect. The basis of a plan is not the 'if' of it, and the pre-conditions. Any plan that has to be made must be made on the conditions and the facilities and the men and material available now and in the near visible future. All these things count greatly, and for instance, the Bhore Committee's report, a wonderful piece of scientific thinking is based on entirely wrong premises. As McDonagh says in his *Nature of Disease* there is little or no difference between an unscientific foundation and a scientific foundation based on false premises. What is the false premise of the Bhore Committee's recommendation? I remember, in 1938-39 we had also the National Planning Committee which did very very comprehensive work, and we went out on the basis that any plan that has to be useful and successful must be based on the realities of the economic and social realities, and the present and the financial possibilities at present available and in the near visible future. What happened to that plan which we have had in 1938-39, produced by a Committee of which the Chairman, if I remember right, was the hon. the Leader of the House?

9 A.M.

If the technique of planning is correct, if you know how to plan, then the altered premises do not take very much time. But here, after two years of languorous hurry, we produce the first draft of the First Five Year Plan, and the second and the final draft are still in the womb of time. I have not yet got it in my hand, and I do not know how much it is going to be altered or not. I am basing my views on the Ministry of Health's Report. Do not blame me, if I say that what I find in it does not help me in the least. For instance, it shows the simplicity of thinking. It says with regard to malaria:

> "Malaria is the biggest killer. Spraying with D.D.T. is an effective means of controlling the incidence of malaria."

I wish it was. Actually, the Malaria Commission report says:

> "It is somewhat of a paradox that these very parts of India where malaria is prevalent most, should be the parts where it is very

doubtful that any action against malaria in respect of the indigenous inhabitants is either necessary or desirable."

Again it says:

"It is assumed that the epidemics come and go without any notable change in the factor, and the conclusion is reached that the human factor—economic and demographic—is the principal determining factor."

Sir, you decide who is correct among these two learned bodies. I confess that I am not in a position to decide anything. Then here again, the simplicity of thinking!

"For medical aid in the villages which are not adequately served, medicine boxes should be made available and some resident auxiliary personnel, should, after training be entrusted with the distribution of selected medicines for common and minor ailments under proper supervision."

Here the Malaria Commission report says:

"The number of health officers is so small and their duties so heavy, that even by working twelve hours a day and spending only two hours in each village in their district, they would need two or three years to visit once each village in their district."

Mr. Speaker: The hon. Member is so engrossed in his arguments, and rightly so, that he has perhaps lost touch with the speed of the clock. That is the difficulty. He has already taken 15 minutes; he can have five minutes more.

Dr. Jaisoorya: Sir, I was given to understand that the Opposition here was willing to give me more time from their own quota.

Mr. Speaker: If that is the understanding, he can take the time of two Members. I will then cut out the names of two Members.

Dr. Jaisoorya: It only shows this: the problem is not so simple as they make out. What is the problem? The problem, it would seem, was understood by the Britishers and outsiders much better than the Indians. Put in its quintessence, the problem is this:

"The great mass of India, with its population of 319 millions, nearly one-fifth of the population of the whole world, equal to the population of Africa and South America combined, and probably twice that of all other population in the tropical and sub-tropical zone, excluding China, comes under conditions which may be described as a varying but often moderate endemicity. Further, 90 per cent. of this population is living under rural conditions. This vast illiterate teeming mass of humanity, living in 687,935 towns and villages, is the real *health* problem of India in its ultimate and complete aspect."

This is putting it scientifically. For the last 18 years I have kept in mind the slogan, the statement of my once revered leader who said: "Wherever we go, whichever way we might turn, the gaunt, emaciated figure of the hungry Indian peasant with all his woes casts gigantic shadows over all problems pertaining to India".

I was asked to study on behalf of the Indian Medical Association 18 years ago the problem of rural medical aid. And the more I studied it the more I came to the conclusion that no possible plan for India could be made in whatever aspect unless we made an exact analysis of the economic possibility. The more I examined it the more I found that especially in Asia, the medical needs of the people are to be met entirely by the Government, that the health needs of the people are so great that the budgetary possibilities of any Government in Asia, could not, however rich it be, meet by the means and methods which we have used up till now. That is, we have been applying standards of medical aid as used in wealthier countries. We have been trying to adopt them here, with failure. For instance, here is a statement by Jawaharlal Nehru. I would particularly like to quote him because it was one of his latest statements and still valid (*Interruptions*). In short, I found—since I was exclusively interested in the problem of rural medicine—there were only two sets of statistics made with great objectivity—one in Indonesia by Dorolle and one at Bhopal by Col. Abdur Rehman. And curiously enough, independently they came to the same figures and they are rather surprising figures. They found that of all those needing medical aid in India or in Asia, 23·8 per cent. had recourse to the so-called western or modern system of medicine. What is more, they found that only this number needed them. Then again—it is a surprising statistics—they found that of these, only 2.3 per cent required hospital assistance in the modern sense. Then again another surprising

[Dr. Jaisoorya]

thing was found, as Dr. Jivraj Mehta himself said in 1944 or 1945. He said of all medical activities, 87 per cent was general medicine, that is, internal medication, and only 13 per cent. was specialised like surgery, gynaecology ear, nose and throat, radiology, etc. Therefore, in India if you correlate these two statistics, 93 to 95 per cent. is general medicine. Now the problem arises: if it is a question of purely internal medication, it has still to be decided as to which system of internal therapy we will have. There is still no scientific comparative experiment made in India, at any rate by any official organisation to assess the exact value of the various systems—*Ayurvedic, Unani*, Allopathic, Homoeopathic etc. I can at least to a certain extent claim that having given up—deliberately given up—allopathy in order to go and search for simpler methods of treatment for India, and knowing some English and German better than I know Sanskrit, I had first gone to see whether there could be a cheaper system of treatment for our people, because, as Grant puts it:

> "Adequate plans of public health service can be undertaken only with a knowledge of the realities of the economic situation. The results of any social service administration depend upon the money available and the way in which it is spent. Much ineffective administration results from violating this principle.
>
> It is obvious that there can be no results if a school medical service in India with its per capita income of Rs. 65 per annum is planned on the same basis in England—a country with an annual per capita income of £ 76 (1936) where the school medical service alone costs 7 shillings per capita of school population."

Again Grant says:

> "The economic problem must first be solved in India before there can be any significant health programme. The solution lies in the development of a plan whereby the facilities purchased elsewhere in richer countries for a cost of 7 shillings per capita can be obtained with local economic resources. It can be done and has been done in other countries of relatively low economic standards. Limited funds do not make an adequate and good service impossible provided the people want the service and are prepared to contribute work in lieu of money, and provided there are people with the knowledge to plan such a service."

I am sorry I have to draw attention to unpleasant facts. Here is the Government of India's Health Report for 1947; it is printed in 1950; it comes to the Parliament Library on the 2nd February, 1952; and Dr. Jaisoorya is the first man to read it! And what do we find? In 1940-41 the total number of hospitals was about 6,500 and odd. In eight years—I do not know the latest figure, and I shall be glad to get it—it had come up to 6,660 hospitals and dispensaries of various sorts and sizes and efficiencies and inefficiencies; out of which 2,052 were in city areas, and for 600,000 villages there were 4,617 dispensaries. The total number of beds was 80,000 as on 31st December, 1947. T.B. hospitals, 14; sanatoria, 33. And Rajkumari Amrit Kaur wants 150,000 beds for T.B. alone, and Rs. 500 crores for treatment of T.B. I would like to give it to her. But where is the money? The total number of allopathic scientific doctors was 48,000 in 1948. I do not know the figure for 1951. Out of these, 36,000 are in towns. That means, for 400 million people, 12,000 learned doctors are available. The natural corollary is this: As Dorolle of Indo-China has pointed out, it is not desirable that more than 23 per cent of the population should have recourse to modern hospitals. They do not require it. As Grant says, 80 per cent. of the population of India needing treatment fall back upon *Ayurved* and other indigenous systems of medicine.

Now, according to the Bhore Committee, you require two lakhs of learned allopathic doctors. You have got only 48,000—and only 12,000 for the villages. In short, you require 50 years to produce those gentlemen—if by that time India does not collapse. As Capt. Mukerjee points out in his presidential address to the All-India Medical Conference, the Bhore Committee has deliberately ignored the fact that there are nearly five lakhs of *Ayurveds* and homeopaths—2½ to four lakhs of *Ayurveds* and 1½ lakhs of so-called homeopaths. Whatever the qualifications, they are part of the village organisation; they stand nearer to the people. And when you do not give the people anything scientific, you do not expect them to die without resort to some medical aid. It is unscientific thinking. I say, it is not only unscientific—it is deliberately unscientific.

It is the protection of the class interest of the allopaths that the Indian Medical Council and the Indian Medical Association have been trying to force upon progressive Health Ministers, who are, after all, representatives of the people and who know what the people require is something different from official ideas, different from something that the bureaucracy requires. And here is an example of how they are sabotaging. I say that deliberately these departments are sabotaging well-meaning attempts and good ideas of the popular Health Ministers by underhand trickery. For instance, I have got here the circulars —which were not meant for me and the public, but for the Department: confidential—and the proceedings of the Indian Medical Council of the 18th and 19th April. You will be surprised when you see the trickery. Actually, Mr. Patel, who was the Chairman, on the 18th decided to form a bicameral board for giving a modicum of modern education to *Ayurveds*, *Unanis* and homeopaths and allowing them to undergo clinical education in their own systems. Then, on the 19th came a sudden somersault, and the somersault was like this. One Dr. Raja produces, in place of the item on the agenda for the 19th—"Indigenous systems of medicine—Recommendations of the Executive Committee on the 3rd Health Ministers' Conference of August-September, 1950"—a resolution overthrowing the whole thing and saying that there shall be only the M.B.B.S. standard, and that there shall be only postgraduate courses in indigenous systems. When asked in what capacity he brought that resolution, he says: "In my personal capacity". He goes there as a representative of the Government of India's Health Department. In his private capacity he is zero; he is nobody. In his private capacity he had no business to be there. The result is that the reactionary Medical Council has made impossible the training—which is the urgent need of the time—of a group of well trained, reasonably well trained, men who are needed to fill the cadre, as they have done in China, as they have done in Russia. We have to go to defeated countries, to poor countries, to know what they are doing.

I believe, Sir, I have shown you the unscientific mind, the prejudiced mind, of the Health Department. After all, it is the people that matter. We have to cut out all red tape. We have to go new ways in order to meet the urgent needs of the people. I have no doubt that if you cannot solve it, some other Government is going to take power and solve it. You have got to see the realities of the situation, and not to proceed with fixed ideas, not to have red tape, not to have some conventions, not to say something like—"Oh, how can we do it?" We have got to think independently. There is something tragic about the Indian mind: it moves, it wakes up after the event, instead of anticipating it. Look at how things are deteriorating. For 18 years I have been crying myself hoarse. I know I am *persona non grata* with every Government—past, present, future. But it does not matter to me. It is the principle that matters. I am giving you solid economic facts as a specialist, and I say there is plenty of scope. The Ministers, who represent the people, are open to conviction, and it is for them to lay down the policy and not for their subordinates. This is all that I ask you. At any time you want it, there is plenty of material. There is the report of the National Planning Committee of 1939. I think it was far superior in its outlook.

One word more. I say: stop all this nonsense about family planning. I have worked for ten years as a specialist, and I have come to the conclusion that you cannot apply it to a mass that has not got a certain standard. First of all, there are thousands of women I have seen.....

Mr. Speaker: I am afraid the hon. Member must finish his speech now.

Shrimati A. Kale (Nagpur): I come from a proverbially backward State of Madhya Pradesh and therefore it is with a sense of trepidation and diffidence that I am glad to make the following remarks.

Dr. N. B. Khare (Gwalior): Sir, we cannot hear at all.

Mr. Speaker: Order, order. She may come a little nearer and make her speech.

Shrimati A. Kale: The subject of health is a very wide one and I am sure the Speaker is not going to be so considerate to me as he has been to the first speaker. Therefore, I will not be able to touch upon all the aspects of health. I will restrict myself only to one subject which has been passingly referred to by my hon. friend who preceded me, I mean the subject of over-population. I have been following very carefully the debates on the floor of this House and I am surprised to find even our omniciem Members opposite have not paid any attention to this urgent

[Shrimati A. Kale]

problem which is agitating the minds all the world over. Perhaps in their enthusiasm to solve world problems they have not thought about what is happening in our own country. I will give you certain figures of world population to show how it has been enormously increasing. The world population has quadrupled in the last three centuries, two-thirds of which increase has happened during the last century alone. The rate of increase in the 20th century world population has increased at a rate which never existed before. We are adding 75,000 new mouths to feed every morning and coming nearer home in India we have to feed about 14,000 every day India's population between 1871 and 1941 has increased by 52 per cent. which means that in 70 years we have added more than half of our huge number. Many people have made a reference to Madhya Pradesh being a surplus province. There also we have doubled ourselves in the same period.

Mr. Speaker: What is she quoting from?

Shrimati A. Kale: I have taken these figures from the Census Commissioner, Madhya Pradesh, who has come here

Mr. Speaker: I am referring to the quotation and not to the figures. The hon. Member may refer to her notes but not read her speech.

Shrimati A. Kale: On a conservative estimate the area of cultivation per head has diminished by about one-third of an acre which means roughly a reduction of 75 pounds of grain per individual per year. If this is the condition of a surplus province, you can imagine what must be happening in the deficit area. Therefore, I feel that the problem of over-population has got to be tackled on a war basis.

Let me refer to the catalogue of activities that has been given to us by the Government. In that there is a paragraph on 'Family Planning' which says:

> "The growth of population has been a matter of concern to those serving the cause of health. Mechanical and chemical contraceptives, after prolonged thought and discussion, having been ruled out as unwise and impracticable from every point of view, it was decided to try out all experiment in family limitation by means of the rhythm method."

I do not know what makes the Government to think that the contraceptives method is unwise and impracticable. We in the All India Women's Conference have been working in the field for the last 22 years and our experience has been that this is the most safe method so far invented. Not only this but a renowned man like Sir Visheshrayya, who is out and out orthodox in his views, has suggested the use of contraceptives to limit the population and he has said very emphatically that if no attention is paid to this method there is no future for this country. Therefore, I am sorry to find that the Government has, in my opinion, and as I said, in the opinion of Sir Visheshrayya, come to a wrong conclusion. The rhythm method, apart from the suspicion of its being efficacious, is outside the limit of a common person because the calculation and the record that will have to be kept in this method is beyond the purview of a common person in this country. Not only that, but the specialist like Dr. Stone who has been brought all the way from America runs a clinic in his own country and you will be surprised to find that he also is not using this so-called rhythm method in his own clinic. Therefore, my submission to Government is that they have come to a wrong conclusion of experimenting the rhythm method. I will make one humble suggestion to the Government and it is this. By the time this experiment is complete, I would request the hon. Minister to at least exempt the contraceptives and other things from import duty so that in that period at least these things will be made available at a cheaper rate.

Then there are certain objections levelled against this birth control and one of them is very strange. It has been said that self-control should be observed. I do not like to say anything about it but I will quote a very famous instance about this. Even Vishwamitra Rishi after having done penance for thousands of years fell to the temptation. Then what must be happening to the ordinary mortal, I will leave to the House to judge.

Then there are other objections raised on the ground that it is unnatural. Well, I suppose we are living in an age of artificialities. There are so many unnatural things which we have resorted to. Then why object it on the ground of being unnatural. Some people, particularly Christians, say that it is irreligious. But if you

find, there is a reference about birth control in some of the books obtained about 1500 B.C.—I suppose—where this control has been advocated. And, therefore, I would like to suggest that with the growth of population confronting us, I suppose, all our schemes of expansion and development envisaged in the Five Year Plan will not be successful if we do not put a check on the growth of population by this method.

I am sorry to find one of the hon. Members, who are responsible for shaping the destiny of this country, said to me the other day, when I went and enquired as to the attitude of the Planning Commission with regard to family planning, "Well, for 50 years we are not concerned with this". I am so sorry at the way they think about this problem because by the time I shall finish my speech 233 more persons will have been born in this country. Not only this, but I was surprised to read a report of the speech of Shri Gadgil on irrigation.

Mr. Speaker: The hon. Member should not mention names. It is enough if she refers to the Member.

Shrimati A. Kale: Not being used for long to parliamentary ways of addressing I made that mistake, Sir.

Well, when he was speaking in connection with irrigation schemes he said that if the land is irrigated it will not be necessary to have birth control. I suppose he has personal experience of what happens when one saddles one's wife with too many children. Therefore, I would request hon. Members to be more rational, more humane, towards the difficulties of the women, particularly in these days of deficiency, controls and lack of food.

Then I would like to make a passing reference to another subject—a method of treatment which if adopted by the Government will, in my humble opinion, more or less solve the problem of medicine. I mean chromopathy. I do not know if hon. Members have paid any attention to this method but its main feature is that it is based on sun's rays. I will quote my own personal experience to prove that it is extremely efficacious and it involves no money. My own husband was suffering from what is called paralysis of the vocal cord. His voice was completely gone and we were worried. After consulting in the usual way all the eminent doctors of Bombay and other places we took to this simple method of chromopathy and I am glad to tell you that his voice was completely regained. Not only that. If I can be allowed to quote another personal experience, I was suffering from what is called chronic goitre and all the doctors said the only course was an operation. I took this chromopathic treatment only for ten days—with red light for 20 minutes followed by green light for ten minutes—and I was completely cured of goitre. I am not dogmatic about any 'pathy, but what I submit to the House is this: Please make researches in this chromopathy and instead of bringing in all sorts of experts from abroad send our own young men to carry out researches in this. If it is found efficacious, I submit the question of medicine which is worrying us will be solved. Today the rural population is dying for want of any sort of medical facilities. During the time of the last elections I found that they wanted to have three things only: Water, artery roads and medical facilities. If the question of medical facilities is solved by this chromopathy, we shall have done a great good to this unfortunate country which has been suffering under foreign domination, and now, because of various difficulties, under our own domination because we are helpless in the matter of money. Not that we do not want to help, in fact we mean well, but we are not able to do much in the present circumstances. Therefore, I hope my suggestion will be taken by Government for what it is worth.

Shri Vartak (Thana): I rise to congratulate the Ministry of Health on the progress achieved by it during the last four years in spite of financial limitations. This progress was possible owing to the help and co-operation given by the Centre to the States. It is true that medical relief and public health are subjects assigned to the States under our Constitution, but the Central Ministry of Health has to play an important role in co-ordinating the health administrations in the various States. Diseases like malaria, smallpox, cholera and tuberculosis, which are taking a heavy toll of the Indian population, can be brought under control if proper preventive and curative remedies are adopted in time. With this object in view, two conferences of all the State Ministers of Health were convened by the Centre during the last four years and all the pertinent questions were discussed in these conferences which provided an opportunity of examining how the various problems were tackled in the different States. The utility of such conferences needs hardly to be

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emphasised and I would suggest that such conferences should be held more frequently.

I should like to touch upon one or two important problems which have confronted us in my constituency and which must be giving no small headache to other social workers in their constituencies as well. I shall take the instance of my constituency, namely, the district of Thana and a part of Kolaba district in Bombay State. During the rainy season the population in the villages is completely cut off from the neighbouring towns and owing to the abundance of marshy land created by the heavy rainfall there is quite a crop of malarial attacks. The average rainfall in my district is from 70 to 100 inches and the marshy places afford a fertile field for the breeding of mosquitoes so that malaria is a regular visitor every year in the monsoon to every hamlet in the village. In some parts of my constituency—I have seen the conditions with my own eyes—half the population had attacks of malaria during the harvesting season and this is a great economic loss to the country in general and to the agriculturists in particular. A crore of people suffer every year throughout India from this dreadful disease and about twenty lakhs succumb to it. The ravages of this disease must therefore be prevented with a determined effort. About twenty years ago the Thana district local board, of which I happened to be the President, prepared a scheme, within their slender means, to start seasonal anti-malarial dispensaries in the rural areas. That scheme did give some relief to the villagers but obviously it was inadequate. The then Government looked upon our activities with disfavour. They did not even allow us the use of their buildings for anti-malaria dispensaries. However, the district board continued the scheme for a number of years. But, now the situation has altogether changed for the better. An anti-malarial campaign covering almost half the State has been undertaken and the results are very promising. Bombay alone spent Rs. 27 lakhs last year in these activities and intend to spend more this year. All the States together are spending about a crore and a half and I think if the Central Government were to put in a crore and a half of rupees more for three years to come and ask for D.D.T. free from America through the W. H. O., I am sure we can conquer malaria and rid the population from its clutches. I particularly recommend this scheme to the hon. Ministers of Health and Finance, because from personal experience in my constituency I can say with confidence that the common man in the village would be immensely grateful for the eradication of malaria from his village.

One of the biggest enemies of our people is malaria. I shall now mention another—tuberculosis. The disease of T.B. has been taking five lakhs of victims every year. Its process of killing is slow, sure and merciless. Herculean efforts are required to combat and conquer this fell disease. The Central Government, as mentioned by Dr. Jaisoorya, has been promoting B.C.G. vaccination, but, in my opinion, B.C.G. vaccination alone does not offer a complete answer. There is dearth of hospital accommodation to T.B. patients. So hospital beds must be provided in large numbers and in addition to that home treatment schemes should be organised. In Bombay the Anti-Tuberculosis Association has been able, through the munificence of Sir Purshotamdas Thakurdas, to institute a Home Clinic which is supervising the treatment of about 1,300 patients at present.

[MR. DEPUTY-SPEAKER *in the Chair*]

I cannot deal during the short time allotted to me with all the subjects. I shall, therefore, refer to one important point, that is medical education. It is very necessary in our country threatened with so many diseases. As regards medical education, both the Centre and the States are moving in the right direction. Several new institutions have been opened. In Bombay as late as 1946 we had only two medical colleges: there are now six of them and still only one out of four candidates who apply for admission get admission. Another distressing factor which makes medical relief more difficult is that doctors prefer to practise in towns so that the rural areas are left to the care of inexpert medical advice. Fortunately *vaids*, *hakims* and homeopathic practitioners afford the much needed relief in villages. It is a sad reflection on our social life that while 85 per cent of our population live in villages, 85% of our doctors live in towns. I, therefore, suggest that *Ayurvedic*, *Unani* and Homeopathic systems do play an important part in our social life and the Central and State Governments should afford facilities for research and systematic study of these systems for the benefit of the whole country.

Finally, I must refer to the sad circumstance that in our land, for want of proper medical and nursing facilities, our children are falling victims to fell diseases. But the dark days have come to an end. The era of independence has dawned and naturally, has aroused hope and enthusiasm among the people never before experienced by them. I, therefore, urge with all the emphasis at my command that medical relief which is a nation-building activity of first class magnitude should not be kept starving for reasons of financial stringency. If external defence of this country makes imperative demands on our purse, this internal defence also should be looked upon as quite imperative enough.

Dr. Amin: First of all I should like to refer to the problem of rural health services. The health of the rural population has not received as much attention as it should have at the hands of both the Central as well as the State Governments of our country today. On the health of the rural population, which is about 85 per cent of the total population of our country, depends the prosperity and future development of our country. We just cannot afford to neglect the health of these people if we want to have a healthy nation built up.

In this Report issued by the Ministry of Health—pages 44-46—the working of six committees is given, but I regret to say there is no reference in it to the problem of rural health. As this is a vital problem concerning our country today, I would request the hon. Minister to appoint a Committee to go into this question of rural health and make suitable recommendations for the immediate establishment of an efficient rural medical service.. In the meanwhile I would suggest that rural health centres should be established all over the country. These centres should be equipped for rendering services in curative and preventive medicine, and they should be staffed by medical practitioners of that particular district, whether those practitioners be practising Allopathic medicine or *Ayurveda*, *Unani* or Homoeopathy systems. And these centres should be visited regularly by medical consultants and specialists. I know that these centres cannot be built in the immediate future due to financial stringency which dominates our country today. But I would request the Government to open these centres in residential houses, so that temporary health centres may be opened up, and also to give some grants to these temporary centres.

I would like to make a few suggestions regarding the establishment of the All India Medical Institute. Recently, about three weeks ago, the hon. the Health Minister in reply to a question stated that this Institute will be functioning by the end of August, 1953. I would suggest to the hon. Minister to see that the majority of specialists appointed in this Institute work full time and no private practice should be allowed to them. Only if this is done, and only then, will they be inclined to devote their full time to teaching and research alone. I suggest that these specialists should be well paid so that they would stick to their jobs permanently and get more specialised in their particular subjects of medicine as time goes on. Regarding the selection of these specialists, the only consideration should be their qualifications and experience, and the selection should not be an influenced one.

As regards indigenous systems of medicine, namely the *Ayurvedic* and *Unani* systems, I suggest that research units should be attached to this Institute where research can be carried on in respect of these systems of medicine. I would also suggest that a special unit should be attached for research in the Homoeopathic system of medicine. And, after thorough investigation, whatever is found useful from these systems of medicine should be adopted in our modern system of medicine for the benefit of the national health.

At the third Health Ministers' Conference held in New Delhi in August, 1950, it was decided—or rather it was agreed in principle—to establish a Central Council of Health. Even though twenty-one months have passed, this decision has not been given effect to. I sincerely urge upon the hon. Minister to take immediate steps to establish this Council so that there will be more co-ordination between the Centre and the States. Only by establishing such a Council can the differences between the State and the Central Governments be ironed out and uniform health policies adopted for the improvement of the health of our people.

As the time is short I would now refer to the question of family planning. This question of family planning is clearly of fundamental importance to the welfare of our nation where the rate of increase of the population is alarmingly high. I regret to say that this question has not received proper consideration from our Government and no definite plan of action in respect of family planning has so far been laid down. I cannot understand why the use of mechanical and chemi-

[Dr. Amin]

cal contraceptives, which is an effective and recognized method of contraception in other advanced countries, is not accepted as one of the methods for family limitation. At least, the Government should have recognized this method till the experiments on the rhythm method are successful. If we seriously intend to have adequate facilities for family planning for the needs of our country, we must start with the education of medical students in this respect. These students should be given a thorough training in all aspects of family planning so that they may give authoritative advice to their patients when they go into practice. I hope the Government will give serious consideration to this important question of family planning and take immediate measures to provide the necessary facilities for our people.

Prof. Mathew (Kottayam): Whenever we consider large ameliorative or nation-building activities, very soon we are up against the great obstacle of inadequate financial resources. It is a genuine obstacle, I recognize. I do not suggest for a moment that it is a lame excuse put forward by the treasury benches. As it is with our individual budgets, so it is with the State budget. Plato said long ago that the State is the individual writ large. With regard to individual budgets many of us feel handicapped in that we would like to purchase many things, keep many things, enjoy many things, but our budgets do not permit the same. The same is the case with regard to the State budget. Some things we do not mind foregoing for want of money; but with regard to certain other things we count it a thousand pities that we have to forego them for want of financial resources. The Department of Public Health, I would say, is one of those departments where it is a great pity—though it may be inevitable—that we have not got anything like adequate financial resources. For we are dealing here with the sufferings, the sickness, the premature death of millions of our countrymen. Yet, what is the use of deploring something which is inevitable, our meagre financial resources?

I wish to suggest one obvious line which has been availed of to some extent and so I do not claim any novelty for it. That is, to avail ourselves of all possible lines of help from private agencies, from whichever quarter they come. I mean we should take full advantage of and extend our very warm support to private agencies which are doing the kind of work which the Government is doing and would like to do, in a larger measure. I have been for over three decades working, not in the sphere of public health, but in the sphere of education; I feel however that there is an analogy between the two in one respect. I know more of the conditions in South India and so I shall speak of them. The Universities of Madras and Travancore-Cochin extend such warm support to private agencies that in the last few years, colleges have rapidly multiplied in those States. People may question whether this multiplication of colleges is a good thing, but that is not the point here. If they are not in a position to establish more colleges, the Universities and State Governments felt that the only way is to welcome private agencies to do the work. The same thing I would say with regard to the sphere of public health hospitals, dispensaries and even medical schools and colleges. If there are private agencies which come forward to do that work, we should give them unstinting support and help. Where a State Government spends ten lakhs, if a private agency is given a fourth of that amount, supplementing it with other resources it would be able to do the same work in no less efficient a manner.

I would go further and say one thing more which too is fairly obvious. Very often, it is religious bodies—I do not mind which those religious bodies are—which come forward to do this work. There is a reason behind it. Perhaps it is only groups of people with deep religious convictions in the best sense of the term that will be able to rise to demands of self-sacrifice, heroism, patience, and endurance which are necessary for starting and maintaining these institutions on a high level of efficiency. In this connection, permit me to refer to a confusion which seems to exist, I would not say in any responsible quarters, but in some quarters, a certain lamentable confusion of thought. This State of ours is a secular State, but what is meant by a secular State? Secular does not mean inimical to religion. A secular State means a State in which all religions are given the same freedom, and same privileges and no religion is discriminated against. Even irreligious people and bodies are not discriminated against. Whichever religious body comes forward to do this kind of work, which we have been considering, a work which is imperatively needed, a kind of work which Government would like to do on a vast scale. I say once again that unstinting help should be extend-

ed to such religious bodies or for the matter of that even to non-religious bodies, Indian or foreign. Whether these latter have their origin in America or elsewhere I do not mind. If my Communist friends could use all their influence with U.S.S.R. to start medical schools and colleges, dispensaries and hospitals, here in India, whatever my attitude to the U.S.S.R. may be in other respects, I would extend my hearty welcome to this move, so that in a healthy way they may try to counteract the imperialist designs of U.S.A. in this country.

A word in regard to the question of the different systems of medicine. I come from the State of Travancore-Cochin, and as some hon. Members may know, in that State we have some very old families of Ayurvedic physicians. For centuries they have been held in high esteem for their knowledge of the *Ayurveda* and skill in its practice. Even in these days a large number of people go to them; I myself have consulted them and I may have to consult them again. They have a knowledge transmitted from generation to generation. The popular impression amongst some in our State is that though it is the Ayurvedic system that they practise, somehow these families have certain special knowledge of that system, and that they have developed in some respects a particular kind of treatment. I do not know whether this impression is borne out by facts or not. But, we have high regard for these physicians. I have had something to do, as a patient and not as a doctor, with the Homoeopathic system too. My attitude towards all these systems is this. Ultimately, in science there can be no separate systems as it were. The facts of nature are facts for all. If the facts of nature are observed and classified and analysed and if the underlying laws are discerned, it is for the whole scientific world to recognise them. What is of use in this country, must be of use to the whole world as it were. But it seems to me—I speak subject to correction—that most of these systems other than the one which is called the Allopathic system, are still on a somewhat empirical level. They have not risen to the level of scientific analysis and explanation. Even with regard to the Allopathic system, I do not know whether it could be yet claimed that it has been fully developed into a science. An empirical level of knowledge is not however a thing to be ashamed of; it is a half-way house to full knowledge. But there is no full scientific analysis in it.

What I would therefore submit is this. The facts of cure which the Ayurvedic physicians and Homoeopathic physicians claim must be carefully observed and analysed and accounted for scientifically. When once that is done, these barriers will cease to exist. Science recognises no such internal barriers. Whether investigation is done in the U.S.A., or India or U.S.S.R. or China, it does not matter. When the laws of nature are established, when the underlying laws are discovered, it is for the whole world, to be benefited by that. Therefore, by all means, let scientific experiments and investigations be carried on in these systems, and then there will be ultimately one comprehensive system. Then, the internal barriers which exist now, as an intermediate phase as it were, would cease to exist. Therefore, I would heartly plead for a more thorough scientific investigation into these systems. Till that is done, I do not know whether we can place these empirical systems on the same footing as the more scientific, though not perhaps fully scientific, system called the Allopathic or Western system.

श्री नन्द लाल शर्मा :

तद्दिव्यमव्ययं वाम सारस्वतमुपास्महे ।

यत्प्रसादात्प्रलीयन्ते मोहान्धसमस : छटा:।।

माननीय उपाध्यक्ष महोदय, मैं स्वास्थ्य के सम्बन्ध में दो शब्द कहने जा रहा हूं । मैं ने देखा कि स्वास्थ्य विभाग की रिपोर्ट में स्वास्थ्य का लक्षण केवल शरीर का ही स्वास्थ्य नहीं बतलाया गया है बल्कि मन, चरित्र और आचार के स्वास्थ्य को भी स्वास्थ्य का लक्षण बतलाया गया है । मैं जब इस बात का स्मरण करता हूं तो मुझे अपनी स्वास्थ्य मंत्राणी का ध्यान आता है ।

दाक्षायणीर्धर्मपत्नी: सोमकश्यपयो रपि ।

अर्थात् सोम और कश्यप की पत्नियां दक्ष की कन्यायें थीं । उन में कश्यप की दोनों पत्नियों को अदिति और दिति कहा गया है ।

दितिर्वैनाश:, अदितिरमृतम् ।

नाश का नाम है दिति और अमृत का

[श्री नन्द लाल शर्मा]

नाम है अदिति । मैं किसी के मुंह पर यह चिकनी चुपड़ी बात नहीं कह रहा हूं क्योंकि किसी की खुशामद करना मेरा स्वभाव नहीं है । मैं यह समझता हूं कि अदिति का अमृत ही अमृतकौर है, उसे अमृत बिखेरने का काम सौंपा जाय यह उपयुक्त ही है । किन्तु मैं साथ में कुछ कटु शब्द इसलिये कहना चाहता हूं कि औषधि कटु होती है, दवाई कभी मीठी नहीं हुआ करती है । तो मैं यह कहना चाहता हूं कि उस अमृत तत्व का मुख केवल अमरीका, इंगलैंड, और योरप के देशों की ओर को ही है । उस को अपनी पृथ्वी के अन्दर भारत वर्ष में कोई अमृत प्राप्त हो सकता है या नहीं, हिमालय कोई अमृत दे सकता है नहीं हम को गंगा यमुना कोई अमृत दे सकती है या नहीं, इस तत्व की ओर उस अमृत कौर का ध्यान नहीं गया है और वह सारे का सारा अमृत बाहर से लेने की चेष्टा करती है ।

जैसा हमारे माननीय डा० जैसूर्य ने और एक और वक्ता महोदय ने कहा, आयुर्वेद के सम्बन्ध में उन की एकमात्र धारणा यह हो गई है कि वह अनसाइन्टिफिक सिस्टम है । यह एक बड़ा भारी दोषारोपण उन लोगों की ओर से किया जा रहा है । मुझे श्रुति का वचन याद आता है :

यस्यामतं तस्यमतं मतं यस्य न वेद सः ।

जो जिस चीज को जानता नहीं वह उस चीज के ऊपर अपना पूरा का पूरा अधिकार प्राप्त करने की चेष्टा करता है । मैं पहले ही कह चुका हूं कि यह शब्द मैडिकल साइंस या मैडिकल सिस्टम ही अनसांइटिफिक शब्द है । अगर कोई सांइटिफिक शब्द है तो वह 'आयुर्वेद' है । आयुवद का अर्थ औषधियों से नहीं है । आयुवद का अर्थ आयु के तत्व को बताना है । इसी कारण सब से प्राचीन ग्रन्थ ऋग्वेद में इस का अन्तर्भाव इस को उपवेद माना गया है । आज अगर हम चाहें तो हम को शुश्रुत का विद्वान नहीं मिलता, चरक का विद्वान नहीं मिलता, केवल छोटे छोटे बच्चों की भांति ऐलोपैथिक और होमियोपैथिक वाले मिलते हैं । मैं मजाक नहीं कर रहा हूं । ई० बी० नेश एक महान ऐलोपैथिक का डाक्टर था । जब वह होमियोपैथी की ओर आया तो अपने लीडर्स इन होमियोपैथिक थेरेप्टिक्स (Homoeopathic Therapeutics) में उस ने नेत्रहीन सत्यान्वेशी डाक्टर ने ऐलोपैथी के विषय में कहा कि क्या यह भी कोई साइंस है । थोड़ा सा क्विनीन डाल दिया, थोड़ा सा सोडा बाई कार्ब डाल दिया और कुछ और डाल दिया और दवा बन गई । उस से कुछ न कुछ तो होगा ही । यह तो ऐसे है कि कहीं की ईंट कहीं का रोड़ा भानुमती ने कुनबा जोड़ा । तो मैं यह कहता हूं एक मोस्ट अनसाइंटिफिक सिस्टम को तो सांइटिफिक कहा जाता है और जो सिस्टम विशुद्ध ज्ञान का प्रतिपादित करने वाला है और जो जीवन के तत्व बताने वाला है और भारत वर्ष की परिस्थितियों के अनुकूल है उस को अनसाइंटिफिक कहा जाता है । आप को करोड़ों रुपये की औषधियां बाहर से मंगानी पड़ रही हैं । भगवान की कृपा से आप ने यहां भी कुछ फारमेसियां खोली हैं परन्तु सिस्टम कौन सा चलाया ? वही शाइलाकिज्म (Shylockism) । डाक्टरमंडल मुझे क्षमा करेंगे मैं विशेषकर सरकारी डिपार्टमेंट्स के बारे में कह रहा हूं । वह तो सिर्फ 'जस्ट ए पाउंड आफ फ्लेश नियर दी हार्ट (just a pound of flesh near the heart) चाहते हैं । बीमार अच्छा होता है या जहन्नुम को जाता है इस से उन का कोई मतलब नहीं । आप ने भारत में कई इंस्टीट्यूशन

खोले हैं चार चार, पांच पांच, सात सात लाख रुपये की लागत से लेकिन क्या कभी आप ने यह पता लगा कर देखा कि उन से किसी गरीब को भी लाभ पहुंचा। जब कभी कोई सीरियस केस आता है तो डाक्टर की जेब का सवाल सामने आता है। वहां गरीबों की चिकित्सा कैसे हो सकती है और जो यहां का असली मैडीकल सिस्टम आयुर्वेद का ह उस के प्रति आप ने द्वेष पैदा किया हुआ है।

स्वास्थ्य कार्यालय की इस रिपोर्ट में मैडीकल ऐज्युकेशन (medical education) और हैल्थ ऐज्युकेशन (health education) के बारे में कुछ लिखा है। मुझे तो देख कर आश्चर्य होता है कि बीमारों के स्कूल में हैल्थ की कथा करने की क्या बात है। खड़े हो कर मूतने की जिन की सभ्यता है जिस से मूत्र के कण उड़ उड़ कर शरीर को गन्दा करते हैं वह लोग यहां कहते हैं कि हम मैडिकल ऐज्युकेशन बढ़ाना चाहते हैं। सूर्य की ओर मुख कर के मूत्र और पुरीष का त्याग करने वालों के शरीर में वह सब बीमारियां हो जाती हैं जो कि सूर्य की किरणों से फैंके गये गन्दे परमाणुओं से हो सकती हैं और किसी डाक्टर का बावा भी उस का डाइग-नासिस (diagnosis) नहीं कर सकता। तो फिर उस की बीमारी कैसे दूर हो सकती है? जिस रोग का निदान नहीं हो सकता वह कैसे अच्छा किया जा सकता है? हमारे यहां तो इस चीज को धर्म के नाम से कहा गया है। कुछ समय पूर्व मेरे पीछे से एक आवाज आई थी कि धर्म की कथा मन्दिर में कीजिये। मैं कहता हूं कि धर्म शब्द का अर्थ कोई घंटी बजाना ही नहीं है। मजहब या रिलीजन (religion) शब्द का यह अर्थ हो सकता है कि चर्च में गये और घंटी बजाई। पर धर्म शब्द का यह अर्थ नहीं है। Essence और significance से ले कर सारे सांइटिफिक लाज़ और दूसरे नेचुरल लाज़ (natural laws) जो हैं वह सब और duty धर्म के अन्दर आते हैं। यही कारण है कि मनु ने जितनी भी बातें बतलाई हैं हम उन को आज हाइजिन (hygiene) में बच्चों को पढ़ाते हैं। लेकिन मनु के नाम से आप लोगों को डर लगता है। इसलिये मेरा यह कहना है कि हमारी स्वास्थ्य मंत्राणी महोदया मुझे क्षमा करेंगी अगर मैं यह कहूं कि वह अस्वास्थ्य मंत्राणी महोदया हैं। इसलिये कि उन्हों ने अपनी रिपोर्ट के अन्दर सारी की सारी ड्रग्स (drugs) की ही कथा सुनाई है। और अस्पतालों की ही कथा सुनाई है। एक भी शब्द मुझे इस सारी रिपोर्ट में नहीं मिला कि उन्हों ने कितनी गो-दुग्धशालायें या दुग्ध भंडार खोले। क्या आप समझते हैं कि केवल बी० सी० जी० के टीके से लोग टी बी (T.B.) से बच जायेंगे? जिस गरीब को खाने को ठीक नहीं मिलेगा उस को इन दवाओं से क्या लाभ हो सकता है। इस के लिये पहले तो उन को लड़ाई करनी चाहिये थी फूड मिनिस्टर साहब से जो कि एक व्यक्ति को ६ छंटाक राशन देते हैं। अगर मनुष्यों को पूरा खाना नहीं मिलेगा तो उन के शरीर में बल कैसे आयेगा। और आप का बी० सी० जी० क्या कर लेगा। मेरे कहने का तात्पर्य यह है कि आप को चाहिये था कि आप कुछ दुग्ध शालायें खोलतीं, या आप ने बनस्पति घी पर कुछ नियंत्रण किया होता। आप को बर्थ कंट्रोल (birth control) की चिन्ता लग रही है लेकिन ब्रह्मचर्य की शिक्षा की ओर कोई ध्यान नहीं दिया जाता। आप बाहर से औषधियां मंगा कर एक्सटरनल ऐप्लायेंसेज (external appliances) से बर्थ कंट्रोल करना चाहती हैं लेकिन चरित्र के बल को बढ़ा कर ऐसा नहीं करने

[श्री नन्द लाल शर्मा]

का प्रयत्न किया जाता। निश्चय ही यह विपरीत स्थिति है ।

हमारे प्रधान मंत्री और हमारे इस हाउस के नेता जवाहरलाल जी कहा करते थे कि स्वतंत्रता प्राप्त होने पर हम भारतीय संस्कृति का झंडा दुनिया के अन्य देशों में लहरा देंगे। पर ऐसा मालूम होता है कि उन को भारतीय तत्व बिल्कुल भूल ही गया है । मुझे कहना पड़ता है कि यह हमारा दुर्भाग्य है कि हमारा जवाहर, हमारे कोहिनूर हीरे की तरह जो टुकड़े हो कर इंगलैंड के राज्यमुकट में लगा हुआ है, आज अमरीका और इंगलैंड को सौंप दिया गया है। आज दुर्भाग्य से भारत का जवाहर भारत के पास नहीं है ।

मैं ने अपना एक कटमोशन (cut motion) दिया था कि गंगा और यमुना नदियों को अपवित्र न किया जाय। आप के हां कई सेंट्रल सबजेक्टस (Central subjects) हैं जिन से इस का सम्बन्ध है । इस का वर्णन आप ने इस रिपोर्ट के ११ वें पृष्ठ पर दिल्ली वाटर और सीवेज बोर्ड '(Delhi Water and Sewage Board) के अन्दर दिया है। मेरे कहने का तात्पर्य यह है कि मनु ने कहा है :

नाप्सु मूत्रं पुरीषंवा निष्ठीवन वासमुत्सृजेत्।
अमेध्यलिप्तमन्यद्वा लोहितं वा विषाणिवा ।।

जल के अन्दर मूत्र और पुरीष, मल, जूठन, और विष और गन्दी चीज़ों को कभी भी नहीं फेंकना चाहिये । मिट्टी के ऊपर फेंका हुआ मल तो एक ही जगह पर रहता है । धीरे धीरे वायु उस को सुखा कर अपने में मिला लेती है । परन्तु जल के अन्दर छोड़ देने पर वह फैल कर कितनों को नष्ट कर सकता है। अगर मैं यह चीज़ आप को धर्म के नाम से कहूं तो आप को डर लगता है । इसलिये मैं धर्म के नाम से नहीं कहता पर इस सिद्धान्त के अनुसार कहता हूं कि लिव एंड लैट लिव (live and let live) । अगर आप किसी के धर्म को नहीं मानते हैं तो कम से कम उस धर्म के मानने वालों को जीवित तो रहने दीजिये । मैं डाक्टर हैनकिन्स या किसी दूसरे पश्चिमी डाक्टर के नाम से गंगा का महत्व वर्णन नहीं करना चाहता । चाहिये तो यह था कि हमारी स्वास्थ्य मंत्राणी जी गंगा के ऊपर कोई ऐक्सपैरीमेंट करवातीं कोई प्रयोगशाला खोलतीं और गंगा के तत्व के बारे में हम को बतलातीं कि उस के द्वारा किन किन रोगों की चिकित्सा हो सकती है। किन्तु उस की ओर उन का ध्यान ही नहीं जाता है ।

उपाध्यक्ष महोदय : अब आप को बैठना चाहिये ।

श्री नन्द लाल शर्मा : मैं आप को बताऊं कि यहां एक नाला नजफ गढ़ का यमुना में जाता है, दूसरा मैटकाफ हाउस की तरफ़ से जाता है। उस के आगे कुदसिया घाट पर एक नाला है, और उस के बाद निगमबोध घाट पर एक नाला गिरता है । और भी नईदिल्ली के अनेक नाले यमुना में गिरते हैं और जो हज़ारों आदमी वहां स्नान करते हैं जब वह गोता लगा कर निकलते हैं तो कुछ और ही चीज़ उन के सिर पर आ जाती है। बनारस में भी यही हाल है। इस के लिये स्व० महामना मालवीय जी को हरिद्वार में एक आन्दोलन करना पड़ा था जिस के फलस्वरूप लाखों रुपये खर्च करके वहां की म्युनिसिपैलिटी ने गंदे नालों को गंगा जी में न फेंक कर बाहर खेतों में दे दिया था ।

हमारे भूतपूर्व कांग्रेसपति राजर्षि टंडन जी कल कह चुके हैं कि नरवर का प्रयोग खाद के लिये करना चाहिये। उन्हों ने नरमूत्र और नर दुग्ध के लिये नहीं कहा। परन्तु मैं समझता हूं कि अगर नरमूत्र का भी प्रयोग खेतों के लिये हो तो उस से लाभ भी होगा और दूसरों को जो उस से हानि पहुंचती है वह भी नहीं होगी। इसलिये मैं स्वास्थ्य मंत्राणी जी से निवेदन करूंगा कि वह इस प्रश्न पर उचित ध्यान दें। दो वर्ष पूर्व हम ने यहां के स्थानीय अधिकारियों को एक पत्र दिया था किन्तु आज तक उस पर कोई कार्यवाही नहीं की गई। मैं आप से निवेदन करूंगा कि आप इन पवित्र नदियों को स्वास्थ्य के नाम पर, पबलिक हैल्थ (public health) के नाम पर गन्दा होने से बचायें। अगर आप इस काम को धर्म के नाम पर करें तो इस के लिये धन्यवाद और इस तरह से आप हमारे धर्म का मान भी रख लेंगी। अगर ऐसा न करें तो जनता मरे नहीं इस दृष्टिकोण से तो इन नदियों को पवित्र करने की चेष्टा करें।

आयुर्वेद सिद्धान्त के सम्बन्ध में मैं एक बात कहता हूं। अभी रिपोर्ट आई है और इस में पृष्ठ ४४ पर यह है कि आप ने जामनगर में एक प्रयोगशाला खोली। मुझे सुन कर अचम्भा हुआ, जामनगर में प्रयोगशाला! भला अफ़ीका में कोई हिमालय की या बर्फ की बात कहे, जामनगर में औषधियों की बात! हिमालय औषधियों का भंडार है। हरिद्वार, ऋषीकेष को छोड़ कर जामनगर में प्रयोगशाला खोलें। वहां हरिद्वार में आयुर्वेदिक कालिज भी है। उस की सहायता छोड़ कर के जामनगर में खोलें और वह भी एक लाख रूपये से। सारे भारतवर्ष के लिये आयुर्वेद के सम्बन्ध में प्रयोग करने के लिये, रिसर्च करने के लिये, एक लाख रुपये की प्रयोगशाला।

इसलिये मैं केवल इतनी बात निवेदन करूंगा कि आयुर्वेद के लिये सौतेली मां का व्यवहार राजकुमारी अमृत कौर जी छोड़ दें और गंगा यमुना को पवित्र करने की चेष्टा करें। इतने शब्दों के साथ मैं समाप्त करता हूं।

(English translation of the above speech)

Shri Nand Lal Sharma: We worship the never-ending divine light of Saraswati, who, when pleased, dispels the darkness of indulgence. Sir, I have stood up to speak on the Health Ministry. The definition of health as given in the report of the Ministry includes mental and moral health along with that of the body. This reminds me of our hon. Minister of Health. The wives of Soma and Kashyapa were the daughters of Daksha. The wives of Kashyapa were called Diti and Aditi. Diti means destruction and Aditi means *Amrit* (nectar). I am not in the habit of flattering anybody but I would say it, it is but proper that Armit Kaur should have been given the task of supplying *Amrit* (nectar) to everybody. I would also like to add a few bitter things, because medicine is always bitter and never sweet. What I want to say is that *Amrit* (Amrit Kaur) always look towards America, Europe and England. She has never turned her attention towards knowing whether we can get any *Amrit* from our own Land, from the Himalayas and from the waters of Ganges or the Jamuna. She always tries to get all the Amrit from abroad.

Our hon. Dr. Jaisoorya and another hon. Member have said that the very idea that the *Ayurveda* is unscientific has got fixed in her mind. This is a very serious charge. This reminds me of a *shruti*—"He who does not know a thing claims to have mastery over it." I have already said that the words 'medical science' or 'medical system' are themselves unscientific. If there is anything scientific it is the *Ayurveda* only. *Ayurveda* does not connote medicines; it throws light on the elements of life. That is why it has been recognised as an Upveda of the oldest treatise in the world i.e., the Rigveda. Today we cannot find a doctor of Shushruta's or Charaka's calibre, what we have are allopaths and Homoeopaths who are just like babes. I am not joking. E. B. Nash was a great allopath. When he started the study of Homoeopathy, the blind seeker after truth wrote in his Homoeopathic Therapeutics about

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allopathy that it was not a science at all. You just mix quinine with a bit of soda bicarb and other things and call it a medicine. That must have some effect in some way. It is all a hotch-potch. Thus, you call the most unscientific system as scientific and dub the *Ayurveda* which throws lights on the elements of life and propounds a scientific theory and is best suited to Indian conditions as unscientific. We have to import medicines worth crores of rupees. Many pharmacies have been opened but what about the system itself? Pure Shylockism. Those who are doctors may excuse me but this I am saying about Government Departments. What they want is 'just a pound of flesh near the heart'. They don't care whether the patient recovers or goes to hell. You have opened many institutes at a cost of many lakhs of rupees each but have you ever enquired whether they have benefited any poor man? Whenever there is a serious case the doctor begins to worry whether he would be able to line his pocket in the bargain. How can the poor get proper medical treatment when you have created an anti-feeling against the real medical system i.e. the *Ayurveda*?

The report of the Ministry of Health says many things about medical education and health education. I am surprised at the very idea of imparting health education to a group of diseased persons. It is ridiculous for those who make water while standing and thus pollute their bodies with drops of their urine, to talk of increasing medical education. Those who pass their urine or stools with their face to the sun, get all the diseases that are generated by the rays of the sun coming in contact with particles of excreta. No doctor can diagnose them, and so how can these diseases be cured? How can an undiagnosed disease be cured? Such ideas are dubbed as discourses on *Dharma*. A short while ago, a voice from behind said that the talk of *Dharma* should be given in a *mandir*. I say that *Dharma* does not mean only the tolling of bells. Religion can mean going to a church and tolling the bell. *Dharma* does not mean this. Essence and significance taken together with scientific and natural laws and duty constitute Dharma. That is why all that Manu wrote is taught to the children as Hygiene. But you are afraid of Manu's name. The hon. Minister of Health may pardon me when I say that she is the Minister of Ill-Health, because in her Report she has talked only about drugs and hospitals. There is not a word throughout the Report as to whether any milk depots or dairies have been opened. Do you think only B.C.G. vaccinations can prevent T.B.? How can a poor man, who does not get enough nutrition, profit from the use of this medicine? Firstly, she should have had quarrelled with the hon. Minister of Food who provides only six chhattacks of foodgrains as daily rations. A person's body cannot be strong without proper nutrition. What good will B.C.G. do? What I mean to say is that the Government ought to have opened some milk shops or should have imposed some control on *Vanaspati Ghee*. You worry about Birth Control but do not pay any attention to *Brahmacharya*. You want to have birth control with the aid of external appliances and by importing medicines but you never attempt to accomplish the same by increasing strength of character. This is a very anomalous situation.

Our Prime Minister, the Leader of the House, used to say that on attainment of Independence, the flag of Indian culture would be flown all over the world. But it seems that he has forgotten the essence of *Bhartiyata*. It is a pity, I am forced to say, that our Jawahar (Gem), like the Koh-i-noor, which having been cut into many parts is now part of the Crown of the British Kings, has gone over to Britain and America. Unfortunately India does not possess the same Jawahar she once did.

I had given notice of a cut motion to the effect that the rivers Ganga and Jumuna should not be polluted. There are many Central subjects connected with this. The subject has been mentioned on page 11 of the report under the head "Delhi Water and Sewage Board". I may quote Manu to illustrate what I mean. Manu has said that urine, excreta, night soil, dirt, filth and poison should not be thrown in water. If refuse is thrown on earth it remains there and gradually mixes with it. But if it is thrown in water it spreads and can do a lot of harm. If I say this in the name of *Dharma*, you might be afraid of it. That is why I say from the point of view of good principles—"Live and let live". If you don't believe in some *Dharma*, at least let the believers in that *Dharma* live. I do not want to overemphasize the importance of Ganga, by quoting Dr. Henkins or any other western doctor. The hon. Minister of Health ought to have seen to it that experiments or research were conducted on the Ganges water and should

have tried to know as to what diseases could be cured by the use of Ganges water. But she has not paid any attention to that.

Mr. Deputy-Speaker: The hon. Member should now resume his seat.

Shri Nand Lal Sharma: I may tell you that a *nullah* carrying dirty water from Najafgarh falls into the Jumna. Many others including those from New Delhi, one from Metcalfe House, another from Kudsia Ghat, and still another from the side of Nigambodh Ghat, fall into the river. When people bathing in Jumna dive, they find queer things on their heads on coming out of water. The same is the case in Banaras The Late Malviyaji had to start a movement in Hardwar as a result of which the Municipality of that city had to divert the sewage water, which at first used to fall into the Ganges, to the fields at a cost of lakhs of rupees.

The former Congress President, Rajrishi Tandon, suggested yesterday in the House that human excreta should be used for manure. He did not make any mention of human urine and human milk. I think if human urine is used in the fields, it would do good and the harm it does elsewhere would be avoided. I would request the hon. Minister of Health to give proper consideration to this question. Two years ago I had written a letter to the local authorities in this connection but they did not take any action on it. I would appeal to you, Sir, in the name of public health to prevent the pollution of these rivers. If you do so in the name of *Dharma*, we would welcome it because then you would be showing respect for our *Dharma*. If you don't adopt that point of view please let these rivers not be polluted in order to save people from dying.

I would like to say one thing with regard to principles of *Ayurveda*. On page 44 of the Report of the Ministry it is stated that a Research Laboratory has been opened in Jamnagar. I was surprised at this. A research laboratory in Jamnagar! Why, it would be like talking of the Himalayas or of snow in Africa. The Himalayas are a great repository of drugs. A laboratory for research in drugs ought to have been opened in Hardwar or Rishikesh and not in Jamnagar. There is an Ayurvedic College too in Hardwar. And instead of helping that College the laboratory in Jamnagar has been opened at a meagre cost of Rs. one lakh. Only one lakh of rupees have been spent on research on Ayurveda for the whole of India.

I would request Rajkumari Amrit Kaur not to give Ayurveda a step-motherly treatment and that she should try that Ganges and Jumna may not be polluted. With these words I resume my seat.

श्रीमती गंगा देवी : अध्यक्ष महोदय ने आज मुझे यहां बोलने का जो सुअवसर दिया है, उस के लिये मैं माननीय अध्यक्ष जी और स्वास्थ्य मंत्राणी को हृदय से धन्यवाद देती हूं ।

आज स्वास्थ्य पर मुझे अपने कुछ विचार प्रकट करने हैं । मैं समझती हूं कि स्वास्थ्य एक बहुत ही आवश्यक विषय है । इस विषय से प्राणीमात्र के जीवन मरण का सम्बन्ध है । स्वास्थ्य ही मनुष्य तथा समाज का वास्तविक जीवन है । जिस देश तथा समाज का स्वास्थ्य ठीक नहीं है उस देश तथा समाज की उन्नति नहीं हो सकती । इसलिये सरकार का और हम सब लोगों का देश की उन्नति के लिये सब से पहला कार्य यह है कि देश के स्वास्थ्य को सुधारें ।

मैं देखती हूं कि हमारी सरकार ने आज हमारे देश में बहुत से मैडिकल इंस्टीट्यूशन्स, बड़े बड़े अस्पताल तथा नर्सिंग होम्स (nursing homes) आदि खोले हैं, मैडिकल वैलफेयर सेंटर्स (medical welfare centres) भी खोले जाते हैं लेकिन सरकार का जितना कार्य है वह सब अर्बन एरियाज़ (urban areas) यानी शहरों तक ही सीमित है । हमारा मुख्य उद्देश्य ग्रामीण जनता के स्वास्थ्य सुधार से सम्बन्ध रखता है । क्योंकि हम देखते हैं कि शहरों में जो लोग हैं वह अपने स्वास्थ्य के बारे में बहुत कुछ जानते हैं । वह समझते हैं कि स्वास्थ्य कितनी कीमती वस्तु है लेकिन हमारी ग्रामीण जनता को इस बात का बिल्कुल ज्ञान नहीं है । वे इस बात से बहुत दूर हैं । हमारे शहरों में बहुत से कालेज हैं

[श्रीमती गंगा देवी]

बहुत से हास्पिटल हैं, बहुत से प्राइवेट डाक्टर्स हैं लेकिन गांवों में हास्पिटल वगैरह का कोई इंतजाम नहीं है और न वहां पर प्राइवेट डाक्टर ही मिल सकते हैं। इसलिये मुझे गांवों के सम्बन्ध में ही विशेष रूप से कहना है क्योंकि मैं ने स्वयं गांवों में जा जा कर देखा है कि वहां की जनता कितनी दुखी है, क्या सारी कठिनाइयां हमारी ग्रामीण जनता के लिये ही रह गई हैं ? हर किस्म की कठिनाई वह सहन करते हैं। मैडिकल रिलीफ (Medical relief) और मैडिकल इंस्टीट्यूशन्स पर जितना रुपया प्रति वर्ष सरकार की ओर से खर्च होता है वह सब शहर की जनता के लिये ही होता है। मैं सरकार से पूछना चाहती हूं कि क्या हमारे ग्रामीण भाइयों का उस में कोई हिस्सा नहीं है ?

मैं ने जितने गांवों में दौरा किया है वहां देखा है कि वहां की जनता के लिये मैडिकल एड (Medical aid) का कोई प्रबन्ध न होने के कारण उन लोगों को अकाल मृत्यु का ग्रास बनना पड़ता है। क्योंकि यदि वहां कोई बीमार हो जाता है तो ३०,३० और ३५, ३५ मील दूर शहर में आना पड़ता है, किसी मैडिकल एड के लिये या डाक्टर को बुलाने के लिये। परन्तु जितनी देर में वह शहर तक आते हैं तब तक वह मरीज भी खत्म हो जाता है। तो क्या हमारा और हमारी सरकार का यह कर्तव्य नहीं है कि ऐसे स्थानों पर अस्पतालों का इंतजाम करें ताकि समय पड़ने पर उन्हें फौरन ही डाक्टरी सहायता मिल सके ? इसलिये सरकार की तरफ से वहां पर कोई इंतजाम शीघ्र ही किये जाने की मैं प्रार्थना करूंगी।

अभी इसी साल मैं ने अपनी आंखों से देखा कि एक लड़की, जिस की आयु करीब १८ साल की थी और जिसे उस की माता ने गरीब होने के कारण बड़ी कठिनाई से पढ़ाया लिखाया था, बीमार हो गई। उस की हालत बहुत खराब थी लेकिन उस का गांव शहर से लगभग ३० मील पड़ता था। आप समझ सकते हैं कि जहां सड़कें खराब होने के कारण मोटर कार के जाने का रास्ता न हो, जहां किसी घोड़ा गाडी के जाने का रास्ता न हो वहां डाक्टर को ले जाने में कितनी दिक्कत होगी। और किसी डाक्टर के न पहुंचने की वजह से वह लड़की दो चार दिन में मर गई। ऐसे कितने ही केसेज होते हैं। इन सब बातों को हमारे सदन के सभी भाई जानते हैं और अनुभव करते हैं कि हमारे ग्रामीण भाइयों की क्या हालत है।

मैं देख रही हूं, कि शहरों में, बहुत से अस्पताल खुल रहे हैं, नई नई योजनायें तैयार हो रही हैं, मोबाइल डिस्पेंसरीज (mobile dispensaries) का प्रबन्ध हो रहा है लेकन ये सब अर्बन एरियाज तक ही सीमित है। मेरी कांस्टीट्यूऐंसी (Constituency) में करीब ४००० गांव हैं। जिस वक्त ऐलेक्शन के टाइम में मैं वहां जाया करती थी तो सौभाग्य से आनरेरी (Honorary) काम करने के लिये मेरे साथ एक लेडी डाक्टर भी जाती थी। मैं ने देखा कि जहां कहीं स्त्रियां यह जान जाती थीं कि यह लेडी डाक्टर हैं तो बहुत सी स्त्रियां उन के पास आती थीं और अपनी कथायें कहती थीं और अपनी बीमारियां सुनाती थीं। लेकिन इतनी सी देर में क्या हो सकता था यह आप स्वयं ही सोच सकते हैं। उन से जितना होता था वह बताती थीं और देखती थीं लेकिन एक दफा के देखने से तो कोई रिलीफ मिल नहीं सकता। वहां की औरतों को ऐसी ऐसी बीमारियां थीं कि अगर शहर में किसी स्त्री या भाई को ही जाय तो वे सैंकड़ों इंतजाम करेंगे, परन्तु

बेचारे ग्रामीण लोग कोई उचित प्रबन्ध न होने के कारण मृत्यु को प्राप्त हो जाते हैं ।

इस के अलावा हमारे शहरों में बीमारियों की रोक थाम के लिये सरकार की ओर से टीके लगाने के बहुत से इन्तजामात हैं। हमारे बच्चों को हैजा, प्लेग और इसी तरह की बहुत सी बीमारियों के जो टीके लगाये जाते हैं वह सिर्फ शहरों में ही लगाये जाते हैं। गांव में इस प्रकार के टीके नहीं लगाये जाते हैं क्योंकि इस का वहां पर कोई प्रबन्ध नहीं है। बच्चों से लेकर आदमियों तक के लिए शहरों में इस तरह का सब इन्तजाम है। गांवों में इस तरह से बहुत से लोग अभी तक प्लेग, हैज़ा और छुआछूत की बीमारियों से मर रहे हैं क्योंकि सरकार की ओर से इस के लिये कोई भी प्रबन्ध अभी तक नहीं किया गया है ।

अभी बहुत सी डिसपेंसरीज़ और मोबाइल डिसपेंसरीज़ का इन्तज़ाम हुआ है । मेरे विचार से यह जो मोबाइल डिसपेंसरीज़ शुरू हुई हैं, यह ऐसी होनी चाहियें जिन से कि हमारे देहाती भाइयों को अधिक से अधिक फायदा हो। मैं सोचती हूं कि कुछ डिसपेंसरीज़ ऐसी होनी चाहियें जिन के अन्डर में बहुत सी मोबाइल डिसपेंसरीज हों। जो मुख्य डिसपेंसरीज़ हों वह किसी निश्चित स्थान पर हों और उन के अन्डर में जो मोबाइल डिसपेंसरीज़ हैं, उन का कार्य यह होना चाहिये कि वह दिन में १५, २० मील के area के अन्दर अपने अपने गांवों में चक्कर लगाया करें और वहां जो serious cases हों, उन की रिपोर्ट बड़े डाक्टर को किया करें, और वह उन के लिये मुफ्त डाक्टरी सहायता पहुंचाने का प्रबन्ध भी किया करें। इस के साथ ही साथ वह उन को साफ रहने और उचित भोजन का भी ज्ञान कराने की कोशिश करें ताकि कुछ समय बाद वह लोग स्वयं ही अपने स्वास्थ्य को ठीक रखने के काबिल हो जायें और अक्समात् बीमारियों के शिकार न बनें। अगर इस तरीके से हम ने कुछ गांव वालों के लिये भी किया तो हम उनके स्वास्थ्य सुधारने में बहुत कुछ सहायक हो सकते हैं और उन की कुछ तकलीफें दूर हो सकती हैं। मोबाइल डिसपेंसरी ने जो कार्य शुरू किया है वह बहुत ही अच्छा है लेकिन वह तब ही ठीक हो सकता है जबकि मोबाइल डिसपेंसरीज़ वहां की रिपोर्ट मुख्य डाक्टर को दें और डाक्टर को ले जा कर वहां के लोगों को दिखलायें ।

हमारे यहां के लोगों का स्वास्थ्य ठीक न होने का एक विशेष कारण यह भी है कि उन लोगों को उचित और स्वस्थ भोजन नहीं मिलता है। इस के लिये सरकार को पशुवध और बनास्पति घी बन्द करने की पूरी पूरी कोशिश करनी चाहिये ताकि जनता को शुद्ध दूध और घी अच्छी मात्रा में मिल सके। दूसरा कारण यह है कि जिन मकानों में हमारी जनता रहती है वह मकान अच्छे नहीं हैं, मैं ने दिल्ली में ही दो तीन जगह ऐसी देखी हैं कि जहां पर घर इस तरीके से बने हुए हैं कि उन को देख कर दुःख होता है। बहुत छोटे मकान हैं, न उन में रोशनदान हैं, और न उन में किसी तरह की खिड़कियों का ही इन्तज़ाम किया गया है । एक ही कमरा होता है जिस में उन को अपने सब काम करने पड़ते हैं। न नहाने के लिये कोई अलग जगह है और न पैखाने का कोई ठीक बन्दोबस्त किया गया है । सामने ही नाली गन्दो पड़ी रहती है जिस में दिन रात मैला पानी बहता रहता है। मैं ने खुद उस नाली में बड़े बड़े कीड़े देखे हैं और उसी जगह पर वह लोग कूड़ा फेंका करते हैं। मैं यह पूछती हूं कि क्या इन मकानों में रहने वाले मनुष्यों का स्वास्थ्य कभी भी ठीक रह सकता है ? यदि नहीं तो,

[श्रीमती गंगा देवी]

फिर सरकार को हमारे इन गरीब भाइयों, इन मजदूरों के लिये, जिन के पास रहने के लिये जगह भी नहीं है और जो छोटे छोटे मकानों में अपनी जिन्दगी बसर कर रहे हैं, किसी प्रकार से अच्छे मकानों का इन्तज़ाम करना चाहिये। ऐसा हो जाने पर मैं समझती हूं कि हमारे देश की इस गरीब जनता का स्वास्थ्य बहुत जल्दी ठीक हो सकता है। तब ही उस को दवाइयां भी फायदा पहुंचा सकती हैं। वरना जब तक ऐसी हालत रहेगी, अच्छे घरों का कोई इन्तज़ाम नहीं होगा तो अच्छी दवाइयों का उपयोग भी उन के लिये बेकार ही साबित होगा। इसलिये मेरी सरकार से प्रार्थना है कि जहां वह बहुत से कार्यों में करोड़ों रुपया खर्च कर रही है वहां पर उस को इन गरीब लोगों के रहने का भी अवश्य कोई न कोई प्रबन्ध करना चाहिये।

इस के अलावा मुझे एक बात और भी कहनी है कि हमारे गांवों में स्वास्थ्य शिक्षा के बारे में बहुत ही कम इन्तज़ाम सरकार की ओर से किया गया है। यदि सरकार द्वारा इन लोगों को स्वास्थ्य शिक्षा के ज्ञान का प्रबन्ध हो जाये तो वह लोग अपना स्वास्थ्य अपने आप ही ठीक कर सकते हैं। बहुत सी स्त्रियां ऐसी हैं जो बहुत कुछ काम इस तरह का कर सकती हैं। हर गांव में उन स्त्रियों को इस तरह की शिक्षा दी जाये जिस से कि वह अपने गांव की सेवा कर सकें। यदि एक नर्स किसी गांव में जाती है तो काफी पैसा खर्च होता है। यदि हम गांवों की स्त्रियों को जिन की अवस्था २० साल से ३० साल तक की हो इस तरह की ट्रेनिंग (training) दें कि वह गांव में मरीज़ों की देख भाल कर सकें, बिस्तर किस तरह से लगाया जाता है, रोगी को किस प्रकार का भोजन देना चाहिये, व सफाई और दूसरी किस्म की शिक्षा दी जाये तो वह अपने गांव वालों की बहुत सेवा कर सकती हैं। अगर गांवों में इतना इन्तज़ाम नहीं किया जायेगा तो समस्या ऐसी ही रहेगी और हमारे हज़ारों भाई जिन का खाने पीने और इलाज का बन्दोबस्त न हो सकेगा, वह असमय में ही काल के ग्रास बनते रहेंगे।

इतना कहने के बाद मैं अपनी सरकार से इस बात के लिये निवेदन करूंगी कि वह हमारी ग्रामीण जनता के लिए बहुत जल्दी इस तरह का प्रबन्ध करें जिस से कि उन की इस तरह की कठिनाई और इस तरह के प्राबलम हल हो जायें। शहरों में तो सब तरह का इन्तजाम होता ही है मगर हमारे गांव वालों के पास न तो इतना पैसा ही है और न वहां पर सरकार की ओर से किसी प्रकार का इन्तज़ाम ही है। इसलिये जब तक सरकार इस ओर ध्यान नहीं देगी तब तक यह बड़ा सवाल हल नहीं हो सकता।

(English translation of the above speech)

Shrimati Ganga Devi (Lucknow Distt. *cum* Bara Banki Distt.—Reserved—Sch. Castes): Sir, I am extremely grateful to you and the hon. Minister of Health for having been given the opportunity to speak today.

I shall submit something about health matters. In my view, Health is a very important subject. It concerns the life and death of all human beings and it is the real foundation of the life of man and society. A nation or community possessing poor health can make no progress. Therefore, the foremost duty of ours and that of the Government is to improve the health of the nation. I find that our Government have opened many medical institutions, hospitals, nursing homes, medical welfare centres, etc., but all these activities of the Government are confined to cities or urban areas only. Our principal aim should be the improvement of the health of the rural population. The urban population usually knows something about health

matters and realizes how valuable a possession health is. But our rural population has absolutely no idea or knowledge about it. There are many colleges, hospitals and private doctors in cities, but there are neither hospitals nor private doctors in the villages.

I shall devote my attention to the villages in particular, because I have seen with my own eyes how distressed the village people are. Are all the hardships meant for these people? All the money spent by the Government every year on medical relief and medical institutions is spent on the urban population. I ask the Government whether the rural population is not entitled to any share in it?

From my tour of the villages, I have observed that on account of lack of medical aid facilities people die prematurely. If somebody falls sick in the villages, one has to travel 30 or 35 miles to the city for medical aid or for fetching the doctor. Before the doctor comes the patient sometimes expires. Is it not the duty of the Government to open hospitals at such places, so that these people may be able to get timely medical aid? I would request the Government to make early arrangements to this effect in the villages.

Only this year, a case came to my personal notice in which an 18 year old girl, whom her poor mother had educated with great difficulty, fell ill. She was lying in a critical condition, but her village was at a distance of about 30 miles from the city. You, Sir, can very well imagine how difficult it was to fetch a doctor to that place, there being no road for a car or a tonga. As no doctor could reach there, the girl died after two or three days. The number of such cases is very large. Hon. Members know this and realize the sad plight our rural brethren are in.

I find that new hospitals are being opened and new schemes and mobile dispensaries are being provided for the towns and urban areas. There are about 4,000 villages in my constituency. When I used to tour these villages during the elections, fortunately a lady doctor working honorarily used to accompany me. I observed that wherever the village women got word that a lady doctor had come there, they used to cluster round her and tell her their tales of woe and describe their ailments. But in the limited time at her disposal, she could not be expected to do much for them. She did whatever she could do, but it is not possible for patients to get relief simply by one consultation. These village women suffered from various kinds of serious diseases. If such diseases had been contracted by the people living in cities, they would have left no stone unturned in the matter of treatment and precautions. But the poor village folk succumb to these diseases on account of lack of proper medical facilities.

For checking disease, arrangements for vaccination and inoculation exist in our cities. Children as well as adults are inoculated against cholera, plague and other diseases in cities only. There are no such arrangements for inoculation in the villages, where many people still die of plague, cholera and other infectious diseases. Government have not yet paid attention to the needs of the villages in this matter.

Many new dispensaries and mobile dispensaries have been opened recently. In my opinion, the mobile dispensaries should be run especially for the benefit of the village people. Each dispensary should control a number of mobile dispensaries. The head dispensary should be located at a fixed place. The mobile dispensaries under it should move about in the villages within a radius of 15 to 20 miles. These dispensaries should report the serious cases to the Chief Doctor and arrange for free medical aid at the spot. They should also educate the village people in the matters of cleanliness and proper diet, so that they may learn to maintain their health themselves and may not fall a prey to diseases. If we proceed along these lines the health of the village people can be improved to some extent and some of their sufferings can be mitigated. The mobile dispensaries have undertaken a very creditable task, but it can be properly done only if they report the cases to the Chief Doctor and bring him to the villages for consultation.

One of the reasons why our people are not healthy is that they do not get clean and wholesome food. In this connection, Government should prohibit the use of *Vanaspati* and the slaughter of cattle, so that people may be able to get pure milk and *ghee* in good quantity. Another reason is that the houses they live in are very unhygienic. I have been pained to see many houses in Delhi, which, besides being very small, have neither ventilators nor windows. Usually there is only one room in which the occupants live and do all kinds of work. There is no separate space for bathrooms or latrines. There is an open drain in front, in which dirty water flows day and night. I have seen large worms floating in such drains.

[Shrimati Ganga Devi]

which are also used as dumps for throwing refuse. Can the people living in such houses ever be in good health? If not, then it is the duty of the Government to provide good houses to these people, these poor people and labourers who have either no accommodation at all or are living in extremely small houses. I believe that by doing so the health of the poor people of this country can be improved very quickly. Then only will the medicines have some good effect on them. If they continue to live in such wretched houses, all medicines will prove useless. I, therefore, request the Government that while they are spending crores of rupees on their various other activities they should also make some arrangements for the better housing of such people.

Another thing to which I would like to draw your attention is that in our villages facilities for imparting health education are extremely inadequate. If such facilities are provided by the Government, the people will be able to look after their health themselves. There are many women who can be of much help in this connection. In every village such women should be trained to serve the people of their own village. If a nurse is brought from outside considerable amount of money has to be incurred on her visit. If some women in the villages, who are between 20 and 30 years in age, are given training to look after the patients—how the bed is to be made, what kind of food is to be given to the patients, how the house is to be kept clean etc. —they can be of much service to the inhabitants of the village. If no arrangements of this kind are made available in the villages premature deaths would continue to occur.

In the end, I would again request the Government to make these arrangements as early as possible, so that the sufferings of the village people may be mitigated. There are all kinds of facilities available in the cities, but it is not so in the villages, where the population is poor and they have no money. Unless Government themselves pay attention to it, this big problem cannot be solved.

श्री धुलेकर : श्रीमान् सभापति महोदय, मैं आप का आभारी हूं कि आप ने मुझे यहां पर बोलने का समय दिया। मैं ने यहां पर अपने मित्रों के व्याख्यान सुने, उन्हों ने बहुत सा रास्ता मेरे लिये साफ कर दिया है। मैं मंत्राणी महोदया से कहना चाहता हूं कि जो कुछ मैं आप के सामने निवेदन करूंगा वह केवल ऐसा निवेदन नहीं है जो केवल आप के सामने कह दूं। और उसके बाद कार्यरूप में स्वयं उस को न लाऊं।

मैं निवेदन करना चाहता हूं कि आज लगभग २० वर्षों से मैं स्वास्थ्य की समस्या के ऊपर रात दिन चिन्तन करता रहा हूं। मैं ने इन २० वर्षों में कोई दूसरा काम नहीं किया है। केवल एक ही काम किया है कि भारतवर्ष का भ्रमण कर के सारी ऐलोपैथिक पुस्तकों का, आयुर्वेदिक पुस्तकों और होम्योपैथिक पुस्तकों का खूब अच्छी तरह से अध्ययन किया और जितना पढ़ सकता था पढ़ा। और अन्त में मैं एक ही निर्णय पर पहुंचा हूं।

सभापति जी, मैं आप के द्वारा अपनी मंत्राणी महोदया तथा अपने सदस्यों से कह देना चाहता हूं कि जो कुछ भी मैं यहां पर कह रहा हूं उसे आप केवल व्याख्यान ही न समझें, उस के एक एक अक्षर से मैं यहां पर यह बतलाने का प्रयत्न करूंगा कि सेंट्रल गवर्नमेंट द्वारा और दूसरी सरकारों द्वारा उसको पूरा किया जाय। मैं आप के सामने यह कह देना चाहता हूं कि हमारी मंत्राणी महोदया ने जो आप के सामने यह ग्रान्ट (grant) रक्खी है वह दो करोड़ या सवा दो करोड़ की है। मैं समझता हूं कि उन के सामने आज जो समस्यायें हैं, वह इस दो करोड़ से कैसे हल हो सकती हैं। स्पष्ट बात है कि किसी मंत्री को आप केवल दो करोड़ रुपया दें और उस से यह कहें कि सारे भारतवर्ष का स्वास्थ्य ठीक कर दीजिये तो यह कदापि नहीं हो सकता है।

उस के साथ साथ मंत्राणी महोदया के साथ जो और कार्य करने वाले दिये

गये हैं वह इस प्रकार के दिये गये हैं कि वह अंग्रेजी राज्य के जमाने से अभी यहां पर मौजूद हैं। उन्होंने बीस, पच्चीस, तीस वर्ष तक सरकारी नौकरी तो जरूर की है, लेकिन उन्होंने देश को अन्दर से नहीं देखा है। उन के सामने किताबें तो जरूर हैं, आंकड़े उन के सामने जरूर आते हैं, बहुत से आंकड़े उन के सामने मौजूद होते हैं और रात दिन उन आंकड़ों को वह पढ़ते हैं। लेकिन उस समस्या को किस प्रकार से हल करना चाहिये इस पर जब वह गौर करते हैं तो उन के सामने स्वार्थ आ जाता है। वह समझते हैं, डेढ़ सौ दो सौ वर्ष से ऐलोपैथी के द्वारा सैकड़ों डाक्टर हमारे यहां मौजूद हैं, दस बीस हमारे बड़े भारी मैडिकल कालेज हो गये हैं, यदि कोई मनुष्य दूसरा रास्ता बतावेगा तो वह भारतवर्ष का रास्ता होगा, हम भारतवर्ष के दिमाग के हैं नहीं, हम ने भारतवर्ष को भारतवर्ष की दृष्टि से नहीं देखा है। ऐसा नहो कि यह चीज हमारे हाथ से निकल जाय। मैं उनसे इस बात का आग्रह करना चाहता हूं, उन को भरोसा दिलाता हूं कि मैं यह बिल्कुल नहीं चाहता कि ऐलोपैथी में जो कुछ अच्छी बात है वह न ली जाये। मैं यह नहीं कहना चाहता कि माडर्न सायन्सेज (Modern sciences) ने जो कुछ कि आज तक किया है वह हिन्दुस्तान से बाहर निकाला जाय और हिन्दुस्तान के लिये वह ग्रहण न किया जाय। लेकिन यहां पर मैं केवल एक बात कहना चाहता हूं मैं ऐलोपैथिक डाक्टरों से कहना चाहता हूं, और मंत्राणी महोदया से कहना चाहता हूं और अपने सदस्यों से कहना चाहता हूं कि एक बड़ी भारी भूल जो हमारे ऐलोपैथिक लोग करते हैं और जिस को वह हिन्दुस्तान में फैलाते हैं वह यह है कि जितनी चीजें वह सामने रखते हैं उन के लिये वह कहते हैं कि यह ऐलोपैथी की तरक्की है, यह हमारे इनवेंशन्स (inventions) हैं, यह हमारी डिसकवरीज (Discoveries) हैं। मैं उनसे कहना चाहता हूं कि वह यह बात कहना बिल्कुल बन्द कर दें। इलैक्ट्रिसिटी (Electricity) किसी ऐलोपैथिक डाक्टर ने पैदा गहीं की है। इलैक्ट्रिसिटी का प्रयोग अगर ऐलोपैथी में होता है तो वह उन की चीज नहीं है, यह उन की अमानत नहीं है, उन की थाती नहीं है। अगर स्टीम (steam) किसी ने निकाला और उस से स्टीम इंजिन मिला तो यदि आज रेल में बैठने वाले, ड्राइवर, गार्ड और स्टेशन मास्टर यह कहने लगें कि स्टीम इंजिन तो हम ने निकाला है, इसको हम ने इनवेंट किया है, इस की हम ने डिसकवरी की है, तो मैं कहता हूं कि जिस तरीके से वह चीज हास्यास्पद होगी उसी तरह से ऐलोपैथी वालों का यह दावा कि जो चीजें साइन्स के जरिये से आई हैं वह हमने पैदा की हैं, यह हास्यास्पद है। मैं कहना चाहता हूं कि इस चीज की वह न कहें और न इस चीज को फैलावें। क्या आप यह समझते हैं कि डा० पी० सी० राय जिन्हों ने कि इतनी बड़ी कैमिस्ट्री (Chemistry) में तरक्की की या देश में और लोगों ने जिस प्रकार कैमिस्ट्री को बढ़ाया या जिन्हों ने बाटैनी (Botany) का अनवेषण किया और डिसकवरीज़ कीं तो क्या यह सब ऐलोपैथिक डाक्टरों ने की हैं, मैं उन से पूछना चाहता हूं कि क्या यह उन की डिसकवरीज हैं? क्या यह इलैक्ट्रिसिटी या जो इंजेक्शन्स (injections) जो रात दिन दिये जाते हैं क्या यह ऐलोपैथिक की देन है? कदापि नहीं। मैं चाहता हूं कि डाक्टर लोग और खास तौर से ऐलोपैथिक लोग और जो ऐलोपैथिक डाक्टर यहां गवर्नमेंट आफ इंडिया में भरे हुए हैं, उन से इस बात को कहना चाहता हूं कि इस प्रकार का अन्याय और इस प्रकार का अपवाद वह दुनिया के सामने न फैलावें।

[श्री धुलेकर]

इस के साथ ही मैं आयुर्वेदिक लोगों से भी कुछ कहना चाहता हूं कि आप बार बार इस बात का दावा करते हैं कि हमारी पुस्तकों में सब कुछ मौजूद है। मैं इस बात को मानता हूं कि आप की पुस्तकों में सब कुछ मौजूद है लेकिन मैं यह कहना चाहता हूं कि दुनिया में जितनी दूसरी कौमें हैं और जिन्हों ने इतने काम किये हैं और इस माडर्न सायन्स ने जो इनवेंशन्स और डिसकवरीज़ की हैं क्या आप इन को लेने को तैयार नहीं हैं ? यह उन की भूल है और यह इस कारण है कि यह ऐलोपैथिक डाक्टर उन को बहका देते हैं कि जब वह कहते हैं कि यह माडर्न इनवेंशन्स हमारे हैं तब आयुर्वेदिक लोग कह देते हैं कि हम उन को नहीं लेंगे । मैं आयुर्वेदिक लोगों से कहना चाहता हूं कि यदि "तुम तरक्की करना चाहते हो तो यह चीजें तुम को लेनी पड़ेंगी और जब तक तुम नहीं लोगे तो हमारी मंत्राणी महोदया जो यह कहती हैं कि तुम सब क्वैक्स (quacks) हो, यह गालियां तुम को सुननी पड़ेंगी और मानना पड़ेगा कि तुम लोग पीछे हो ।"

अब मैं एक बात गवर्नमेंट आफ इंडिया से कहना चाहता हूं । गवर्नमेंट आफ इंडिया ने और हिन्दुस्तान की सरकारों ने आयुर्वेद के लिये बहुत कुछ किया। लेकिन मैं मंत्राणी महोदया से कहना चाहता हूं कि आप का डिपार्टमेंट आप को बदनाम करता है । आप लाखों रुपया खर्च कर चुकीं, आप ने कमेटियां कायम कीं, तमाम प्रान्तों में आयुर्वेद फैल गया, बहुत से आयुर्वेदिक कालेज खुल गये। हर जगह विद्यार्थी काम कर रहे हैं, हर जगह मार्डन सायन्स के द्वारा पढ़ाई हो रही है। यह सब हो रहा है। लेकिन अब भी आप के आफिसर्स आप के कान में कहते हैं कि आयुर्वेद कोई चीज नहीं है । मैं आपसे कहना चाहता हूं कि रात गुजर गई, सवेरा हो गया । सन् १९४६ में गवर्नमेंट आफ इंडिया ने एक प्राविंशियल हैल्थ कानफ्रेंस (Provincial Health Conference) की—स्टेट्स हैल्थ मिनिस्टर्स कानफ्रेंस की । उस कानफ्रेंस में श्रीमती लक्ष्मीपति ने जो मद्रास की मिनिस्टर थीं, एक प्रस्ताव पेश किया और उस कानफ्रेंस में ११ नम्बर के आइटम (item) में गवर्नमेंट आफ इंडिया के हैल्थ मिनिस्टर और प्राविंशियल मिनिस्टर्स, सब ने इस बात को पास कर दिया कि आयुर्वेद को हम रिकग्नाइज़ (Recognise) करते हैं। उस के कालेज और स्कूल खोले जायें। रिसर्च डिपार्टमेंट खोला जाय और जहां पर जरूरत हो वहां पर आयुर्वेदिक प्रैक्टीशनर्स को मौका दिया जाय कि वह हिन्दुस्तान के रोगियों की सेवा कर सकें। यह पास हो चुका। उसके ऊपर गवर्नमेंट आफ इंडिया ने चोपड़ा कमेटी कायम की। कर्नल चोपड़ा डाक्टर थे, वह कोई वैद्य नहीं थे । चोपड़ा कमेटी के आधे से ज्यादा मेम्बर डाक्टर थे, उन्होंने यह कहा कि हिन्दुस्तान का स्वास्थ्य का मसला अगर हल हो सकता है तो आयुर्वेदिक से ही हो सकता है । उन्हों ने इस बात को पास किया । उस के बाद आप ने एक पंडित कमेटी मुकर्रर की। पंडित कमेटी ने दो हिस्सों में बात कही । एक तो यह कहा कि आयुर्वेद में रिसर्च होना चाहिये। दूसरे यह कि शिक्षालय यानी स्कूल्स और कालेजों को सहायता मिलनी चाहिये। और आयुर्वेद को जहां तक हो सके बढ़ाना चाहिये ।

अब रिसर्च के बारे में मैं आप से यह निवेदन करना चाहता हूं कि यह जो ऐलोपैथी के डाक्टर आप के डिपार्टमेंट में बैठे हैं यह दुनिया को धोका देना चाहते हैं। मैं जिम्मेदारी के साथ आप से कहना चाहता हूं कि वह आप को धोका देना चाहते

आप के सामने नीम खड़ा है, आप के सामने हल्दी है, आप के सामने सोंठ है, मिर्च है, पीपल है, दो हजार दवायें हैं। मैं इस के लिये चैलेंज करता हूं कि कौन इस बात को कहता है कि इन चीजों के लिये रिसर्च करने की जरूरत है। कौन आदमी नहीं जानता कि बगन खाने से क्या होता है ? क्या कोई नहीं जानता कि यह बीमारियां इन तरकारियों से होती हैं ? यह सब आयुर्वेद में है और लिखा हुआ है कि इस से गरमी होती है, इस से सरदी होती है, इस से बुखार आता है। कौन नहीं जानता कि परवल से फ़ायदा होता है ? कौन नहीं जानता कि आम से, जामुन से या जो गुलाब का फूल है उस के गुलकन्द से क्या फायदा होता है ? कौन नहीं जानता कि हींग क्या गुण लिये हुए है ? आप का यह क्या कहना है कि अगर आप की औषधि हिन्दुस्तान की है तो पहले आप विलायत जाइये, इंगलैंड जाइये, अमेरीका जाइये और वहां किसी डाक्टर हेंगी-डेंगी या वाटसन या विलकिन्सन या जान आदि का कोई सर्टिफिकेट ले आइये कि यह हींग पेट को अच्छा करती है। मैं आप से पूरी जिम्मेदारी के साथ कहना चाहता हूं कि मंत्राणी जी आप को यह डाक्टर्स रिसर्च का प्रश्न उपस्थित कर के धोका देना चाहते हैं। मैं आप से यह कहना चाहता हूं कि हम आयुर्वेद में काम करने वाले क्या इस को नहीं जानते हैं। आप रिसर्च की क्या बात करते हैं। हम ने रिसर्च के लिये अपनी जान खपा दी है। हजारों दवाइयां आज मौजूद हैं। उन के लिये आप हम को पचास वर्ष पीछे रखना चाहते हैं। मैं आप से कहना चाहता हूं कि यह बात बिल्कुल धोका है। यह रिसर्च कराने की बात बिल्कुल धोका है। यह बात मैं मानता हूं कि रिसर्च होना चाहिये। लेकिन इस बात को नहीं समझता कि यह विलायत जा कर रिसर्च कराने की क्या बात है। मैं कोई आयुर्वेद का प्रैक्टीशनर नहीं हूं, मैं उस का केवल एक सेवक हूं।

मैं बीस वर्ष से काम कर रहा हूं। मैं ने हर चीज को देखा है, नापा है और तोला है। मैं ने झांसी में बुन्देलखण्ड आयुर्वेदिक कालेज कायम किया। चार वर्ष बाद जब उस में १५० विद्यार्थी हो गये तो उसको आयुर्वेद यूनिवर्सिटी का रूप दिया गया। यूनिवर्सिटी कर के वहां मोडर्न कोर्सेज़ सर्जरी (surgery) वगैरह में कायम किये गये। यहां पर मैं अपनी आनरेबुल मिसेज़ विजय लक्ष्मी पंडित को धन्यवाद देता हूं कि उन्हों ने उत्तर प्रदेश असेम्बली में मुझ को मौका दिया कि यू०पी० मैडीसिन बिल (U. P. Medicine Bill) पेश करूं और उत्तर प्रदेश गवर्नमेंट ने उस को अख्तियार किया और यू० पी० मैडिसिन ऐक्ट पास हुआ। इस के बाद मैं उन का बड़ा आभारी हूं कि उन्होंने फिर मौका दिया कि जब सन् १९४६ में हम जेल से लौट कर आये तो उस ऐक्ट को लागू किया। मुझ को चेयरमैन, बोर्ड आफ इंडियन मैडिसिन मुकर्रर किया। मैं ने यू० पी० में जितने कालेज थे वहां रिसर्च डिपार्टमेंट खोले। हर कालेज में बाटेनी, फिजिआलाजी (Physiology), अनाटामी (anatomy) वगैरह सारी चीजें जिन को बेसिक सायन्स कहते हैं, यह सब करीक्युलम (Curriculum) बदल कर शुरू कर दीं।

उस के बाद अब मैं एक बात जो आप से कहना चाहता हूं वह यह है कि केवल आयुर्वेदिक कालेजेज से ही काम नहीं चल सकता है। अब आप का जो यह रिसर्च डिपार्टमेंट खुला हुआ है, उस में रिसर्च किस प्रकार चल सकता है। रिसर्च तभी चल सकता है जब वहां कम से कम ३०, ४० ऊंचे ऊंचे प्रोफैसर हों और १०, २०, ५० ऐसे

[श्री धुलेकर]

लर्नेड स्कालर्स (learned scholars) हों जिन को पढ़ाने का काम न हो, केवल वह स्वयं पढ़ें, पुस्तकों का अध्ययन करें, और रिसर्च करें यह काम तभी हो सकता है । केवल रिसर्च डिपार्टमेंट खोल कर और चन्द आदमियों को, दस पांच आदमियों को, चार पांच सौ रुपया पर नौकर रख कर आप उन से कहें कि वे रिसर्च का काम करें या आप पार्लियामेंट के मेम्बरों या और अन्य बड़े बड़े डाक्टरों से कहें कि वे रिसर्च करें तो रिसर्च कहने मात्र से नहीं हो सकती । डा० पी. सी. राय और जगदीश चन्द्र बसु कोई गवर्नमेंट के हुक्म से पैदा नहीं हुए, ऐसे लोगों के पैदा होने के लिये युनिवर्सिटियां और एक खास ऐटमौसफियर (atmosphere) की जरूरत होती है और हजार, दो हजार विद्यार्थी जब युनिवर्सिटियों में दस, बीस वर्ष पढ़ते हैं तब जा कर उन में से कहीं कोई दो, चार बड़े लोग निकलते हैं, जैसे हमारे देशमुख साहब हैं, जो रिजर्व बैंक की गवर्नरी के पद तक पहुंचे । अगर यह युनिवर्सिटियां न होतीं तो वह वहां तक कैसे पहुंचते ? इसलिये मै आप से कहता हूं और मेरा तो विश्वास है कि अगर आप को इस देश में आयुर्वेद पद्धति को बढ़ाना है तो आप को देश में एक आयुर्वेदिक विश्वविद्यालय खोलना चाहिये । सन्, १९३७ में जब मैं ने आयुर्वेदिक युनिवर्सिटी आरगनाइजेशन कमेटी बिठाई थी और उस विषय में ओपिनियन (opinion) मांगी गयी थीं, तो लोगों ने ऐसी युनिवर्सिटी खोलने के सम्बन्ध में भिन्न भिन्न मत प्रकट किये थे, कोई कहता था कि युनिवर्सिटी नहीं होनी चाहिये और कोई कहता था कि होनी चाहिये । बहुत से लोगों ने उस समय भी कहा था कि ऐसी एक आयुर्वेदिक युनिवर्सिटी जरूर होनी चाहिये । य० पी० गवर्नमेंट ने जो रिआरगनाइजेशन कमेटी इंडीजीनस मेडीसन्स (Indigenous medicines) पर सन् १९४८-४९ में नियुक्त की थी उस ने युनेनीमसली (unanimously) रिपोर्ट दी कि यदि हिन्दुस्तान में आयुर्वेद की तालीम ऊंची होनी है तो उस के लिए आयुर्वेदिक युनिवर्सिटी होना बिल्कुल लाजिमी है जहां पर चार, पांच सौ स्टूडेन्ट्स व प्रोफ़ेसर्स आयुर्वेदिक पद्धति और चिकित्सा को माडर्न तरीके पर स्टडी कर सकें, राजकुमारी जी मेरी बात नोट कर लें, मैं चाहता हूं कि वहां वह इस तरह से अध्ययन और रिसर्च न करें जैसे हम लोग सीधे सादे रामायण व भागवत इत्यादि पढ़ते हैं, मेरा कहना यह है कि आयुर्वेद में जितनी भी उपलब्ध पुस्तकें प्राप्य हों, वह सारी पढ़ी जायें, और हमारी जो आयुर्वेद की पुस्तकें चीन, ईरान और अरब में चली गई हैं, उन को वापस मंगाने का यत्न करना चाहिये और जो पुस्तकें अंग्रेजी में चली गई हैं उन का हमें हिन्दी में अनुवाद कराने की कोशिश करनी चाहिये । मेरे कहने का मतलब यह है कि जब तक आप तालीम को ऊंचा नहीं करते हैं तब तक रिसर्च डिपार्टमेंट में केवल चार लाख रूपया दे देने से काम नहीं चलेगा ।

दूसरी बात मैं आप से यह कहना चाहता हूं कि हमारे जितने मैम्बर हैं, वह सब यह कहते हैं कि ओवर पापुलेशन (over-population) हो रही है, मैं आप से पूछना चाहता हूं कि इस चीज को कौन नहीं जानता है, हजार बार क्यों इस को कहते हो । लेकिन आप को मालूम है कि जितनी ऊंची तालीम होती है उतने ही कम बच्चे पैदा होते हैं । दूसरी बात उस के साथ यह भी है कि जितना अच्छा भोजन व कपड़ा उन को मिलेगा और जितना अधिक आप साफ रहेंगे, उतने ही आप के बच्चे कम होंगे ।

श्रीमती विजय लक्ष्मी : ग़लत बात है। मैं ने तो कहा था: Inverse ratio of the economic prosperity of the country, not education.

श्री धूलेकर : मैं आप से ऐग्री (agree) करता हूं। मेरी बहिन विजय लक्ष्मी पंडित ने यह कहा कि आप तालीम के निस्बत मत कहिये। मैं आप से कहना चाहता हूं कि आप स्टेटिस्टिक्स (statistics) देख लीजिये उस में उन्हों ने चार कैटीगिरीज (categories) बनाई हैं। ऐज्युकेशन के रेशियो (ratio) के हिसाब से उन्हों ने पहले नम्बर पर पारसी को रक्खा, दूसरे पर हिन्दू को रक्खा, तीसरे पर मुसलमान को रक्खा और चौथे पर ट्राइबल (Tribals) को रक्खा। उसी तरह से फिकंडिटी (Fecundity) के विषय में कमी के लिहाज़ से पहले नम्बर पर पारसियों को रक्खा, और उसी तरह उस के बाद दूसरे, तीसरे और चौथे को रक्खा। Lesser the education, greater the birth rate. तालीम के लिये मैं आप से कह सकता हूं और मेरे पास उस के स्टैटिस्टिक्स मौजूद हैं, मेरा तो जिन्दगी में एक ही मिशन है कि हिन्दुस्तान में जितने बसने वाले हैं उन को औषधि उपलब्ध हो सके। मिलेटरी डिपार्टमेंट के बारे में मैं आप से कहना चाहता हूं कि अगर कल लड़ाई छिड़ जाय तो बाहर के देशों से रूस, जर्मनी और इंगलैंड से हमें दवाओं की सप्लाई नहीं मिल सकेगी तो उस हालत में हम फौजियों का इलाज कैसे कर सकेंगे? लड़ाई छिड़ने की हालत में हम मजबूर होंगे कि हम आयुर्वेदिक चिकित्सा का आश्रय लें। फौज में मेरा जानने वाला एक सिपाही था, वह थोड़ा बहुत आयुर्वेद जानता था। उस ने जब ब्रह्मा में अंग्रेजी फौजें जंगल में चारों तरफ से घिर गयीं और उन के पास कोई डाक्टरी सहायता नहीं पहुंच सकती थी तब वह सिपाही जंगलों से जा कर जड़ी बूटियों को ला कर और छील कर घावों पर लगाता था और पिलाता था और फौजी लोग उस के इलाज से अच्छे हो जाते थे। मैं आप से निवेदन करता हूं कि मैं बड़े महत्व की बात कह रहा हूं अगर कहीं लड़ाई छिड़ जाती है और बाहर से दवायें आना बन्द हो जातीं हैं तो आप क्या करेंगे ?

11 A.M.

श्री पी० एन० राजभोज : वार होने वाली है ?

श्री धुलेकर : मर्द लोग ही लड़ा करते हैं, वार होगी, तो वार के वक्त मिलेट्री ऐक्सपेंडीचर को डाउन (down) करना होता है तो उस वक्त जड़ी बूटियों को जुटाने की जरूरत पड़ेगी।

उपाध्यक्ष महोदय : अब आप खत्म कीजिये।

श्री धुलेकर : जी हां, अभी एक सेकेंड में खत्म करता हूं। मैं डेढ़ महीने से कुछ नहीं बोला हूं और निरर्थक एक शब्द भी मैं बोलता नहीं, इसलिये दो, तीन मिनट और चाहूंगा।

उपाध्यक्ष महोदय : बोलिये।

श्री धुलेकर : मैं आप से कहना चाहता हूं कि आप को ऐसे डाक्टर और नर्सें ट्रेन्ड (trained) करनी चाहियें जो वार छिड़ने के समय हमारे देश में जंगलों में जो अपार वनस्पति खड़ी है उस का उपयोग कर सकें। आयुर्वेद ने इस का उपयोग सीखा है और उस चिकित्सा पद्धति के जरिये हम देश के लोगों का और लड़ाई के वक्त फौजियों का सस्ते में इलाज कर सकते हैं। यह पद्धति खास तौर से हमारे अनुकूल है। क्योंकि एक तो हमारा देश गरीब है और हम अंग्रेजी दवाइयों पर ज्यादा रुपया सर्फ नहीं कर सकते,

[श्री धुलेकर]

ग़रीब लोग अपना इलाज अंग्रेज़ी तरीके से नहीं करा सकते, दूसरे बीमारियां हमारे देश में फैली हुई हैं, और ऐसे वक्त में जब कि बाहर से अंग्रेज़ी दवाओं का आना बन्द हो जाय, हमें इस का सहारा लेना होगा ; इसी के सहारे राना प्रताप और शिवाजी की फौजें जो जंगलों में मारी मारी फिरतीं थीं अपना इलाज करती थीं । उन फौजों के पीछे कोई मैडिकल मिशन (medical mission) अथवा रेडक्रास (Red Cross) नहीं जाया करता था। उन का तो सारा मैडिकल मिशन और रेडक्रास वहीं जंगलों में मौजूद था जिस का वह उपयोग करते थे । और २५, २५ वर्ष तक जंगलों में रह कर भी कोई सिपाही बीमारी अथवा दवा के अभाव से नहीं मरा। इसी तरह से मैं गरीबों के लिये कहता हूं कि उन के लिये यह चिकित्सा प्रणाली अत्यंत उपयोगी साबित होती है। एक जगह पर मेरे एक आनरेबुल मिनिस्टर थे उन को एक ऐड्रेस (address) दिया गया और उन की बड़ी तारीफ की गई कि आप ने बड़ा अच्छा काम किया है । किन्तु वहीं पर एक सज्जन ने बताया कि डिस्पेंसरी के लिये आप ने साल के लिए ४०० रुपये की आर्थिक सहायता दी है, और वह सारा रुपया वहां डेढ़ महीने में खत्म हो जाता है । तो भला बताइये कि वह साढ़े दस महीने क्या करें। चार सौ रुपये की अंग्रेज़ी दवाइयां डेढ़ महीने के अन्दर खत्म हो गईं, डाक्टर और नर्सें खाली बैठे रहते हैं, डाक्टर और नर्स को मिला कर उन की तनख्वाहों पर आठ सौ रुपया माहवार खर्च होता है और चार सौ रुपया औषधियों पर खर्च किया जाता है, लेकिन उस से कोई नतीजा नहीं निकलता । मैं अपनी झांसी डिस्पेंसरी की बात बताऊं जहां पर १२०० रुपया साल की दवाइयां सप्लाई होती हैं और वहां के डाक्टरी स्टाफ पर चार हज़ार रुपया मासिक खर्च आता है । अब आप बतलाइये कि आप इस प्राबलम (problem) को कैसे साल्व (solve) कर सकते हैं ? मैं आप से निवेदन करना चाहता हूं कि जो कुछ मैं कह रहा हूं उसे आप ध्यान से सुनें । मैं चाहता हूं कि आप प्राइमरी स्टेज से लेकर युनिवर्सिटी स्टेज तक लड़कों को हाईजिन (Hygiene) और हैल्थ (Health) के बारे में शिक्षा दें, उन को शिक्षा देने के लिये क्लासे खोलें और वहां उन को बतलाया जाय कि कैसे वह अपने शरीर, नाक, कान और पेट आदि को साफ और स्वस्थ रक्खें, क्यों कि अगर वह इन चीज़ों पर ध्यान रखना सीख गये तो, हमें रोगों को रोकने में बहुत मदद मिलेगी । मैं समझता हूं कि इन सब चीज़ों को समझना और पालन करना हर एक आदमी का फर्ज़ है और अकेले कोई सैन्टर (Centre) या स्टेट गवर्नमेंट्स की ज़िम्मेवारी नहीं है । आप ठीक तरह रात को सोये नहीं, रात भर जागें और सिनेमा और थियेटर देखें, और तबीअत खराब हो तो हम आप को दवा दें, मैं तो कहता हूं कि आप नियमपूर्वक अपना जीवन क्यों न व्यतीत करना सीखें, जिस से आप बीमार ही न पड़ें । संयमपूर्वक तो आप रहें नहीं, और उल्टे प्रान्तीय और सैन्टर गवर्नमेंट से कहें कि हम बीमार हो गये, हमें अच्छा कर दीजिये, बीमार तो आप अपने पापों के कारण हुए हैं, उस में किसी का क्या दोष और मैं यह जो बोगस आइडौलिजी (bogus ideology) रक्खी गई है कि हमारे बीमार और स्वस्थ न रहने के लिये प्रान्तीय सरकारें अथवा सैंटर गवर्नमेंट ज़िम्मेदार हैं, मैं इस को मानने के लिये

तैयार नहीं हूं, बल्कि मेरा कहना तो यह है कि इस अवस्था के लिये स्वयं वह जिम्मेदार हैं।

लेकिन मैं एक बात कहता हूं कि हम जिम्मेदार तो हैं लेकिन उन की तालीम के लिये जरूर सरकार जिम्मेदार है। मेरा यह कहना है कि आप उन को शिक्षा दीजिये प्राइमरी स्टेज से ले कर ऊंचे तक। लेकिन लड़कियों के लिये मेरा कहना यह है कि प्राइमरी स्टेज खत्म हो जाये तो १६ से २० वर्ष तक उन के लिये कम्पल्सरी नर्सिंग कोर्स होना चाहिये। उस के बाद मैटरनिटी (maternity) की शिक्षा देनी चाहिये कि किस तरह से उन का आहार हो, व्यवहार कैसा हो, इस सब के जानने के लिये कम्पल्सरी शिक्षा होनी चाहिये। कोई जरूरी बात नहीं है कि हर एक लड़की बी. ए. पास करे, या ऐम० ए० पास करे लेकिन यह न जाने कि वह क्या चीज है, उस के शरीर में किस प्रकार की मशीनरी है। जो स्त्रियां या लड़कियां कहती हैं कि हम साइन्स पढ़ेंगी, उन्हें मौका दिया जाये। इस के लिये मुझे कुछ नहीं कहना है। पर यह बात निश्चित है कि १०० में से ५ ही स्कालर्स (scholars) निकलेंगी, ९५ मदर्स (mothers) होने वाली हैं। और जब मदर्स होने वाली हैं तो उन के लिये जरूरी होना चाहिये कि वे शिक्षा लें, नर्सिंग की और मैटरनिटी की।

इसी तरह से मेरा कहना है कि हम लोग जो ऐजुकेटेड (educated) हैं उन को आज सर्दी हो गई, खांसी हो गई, इस के उपचार की ट्रेनिंग देने की जिम्मेदारी गवर्नमेंट आफ इंडिया पर और प्रान्तीय सरकारों पर है। घर घर लोगों के पहुंचिये, उस के बाद स्त्रियों के कैम्प (Camps) कीजिये, उन को नर्सिंग सिखाइये। यह क्या बात है कि हम बीमार पड़ें और रात भर के लिये नर्स हम से दस रुपये ले जाये और हमारे घर की स्त्री, बहन और मां को कोई ट्रेनिंग न दी जाय। हम गरीब आदमी क्या मर जायें, आखिर कहां से पैसा लायें ?

इसलिये मैं निवेदन करना चाहता हूं कि जो बातें मैं ने कहीं हैं और जो कुछ रोजाना कहूंगा, व्याख्यान दूंगा, मैं आप को क्रिटिसाइज (criticise) करने के लिये नहीं आया हूं, लेकिन, उपाध्यक्ष महोदय, मैं आप के द्वारा श्रीमती मंत्राणी जी से कहना चाहता हूं कि मैं आप के हाथ बंटाने के लिये आया हूं, अगर आप एक हाथ से काम करती हैं तो मैं दूसरा हाथ सहयोग के लिये दूंगा। मैं कहता हूं कि सारा भारतवर्ष मेरा है। मैं विरोधी नहीं किसी का। न मेरा विरोध ऐलोपैथी से है, न होमियोपैथी से। आज हिन्दुस्तान की कौम मरी जा रही है, हमारी बहिनों, लड़कियों और स्त्रियों को बचाइये।

आखिर में, श्रीमान्, मैं आप के द्वारा गवर्नमेंट आफ इंडिया के जो सर्वेन्ट्स हैं उन से कहूंगा कि "काइन्डली बैरी दि है चेट अगेन्स्ट आयुर्वेद"। इस को खत्म कीजिये नहीं तो आप सफल नहीं होंगे यह मैं जानता हूं।

(English translation of the above speech)

Shri Dhulekar (Jhansi Distt.—South): Sir, I am very grateful to you for having allowed me to express myself. I have listened to the speeches of many hon. friends and I feel that they have cleared the way for me. I want to bring it to the notice of the hon. Minister of Health that whatever I say here would not be something simply for the consumption of the House and on which I would not act upto myself.

I want to submit that the problem of health has been engaging my attention for the last 20 years. I did not do anything else in these twenty years. I toured the whole of India

[Shri Dhulekar]

and studied all the allopathic, Homoeopathic and Ayurvedic treatises to the best of my ability, and in the end I reached one inevitable conclusion.

Sir, through you I want to convey to the hon. Minister of Health and to the hon. House as well that whatever I am going to say here should not be taken as mere words, rather they should be acted upon by the Central and the State Governments. I wish to point out that the hon. Minister has presented a demand for grants totalling upto Rs. Two or Two and a quarter crores. I do not think that this amount would be sufficient to tackle all the health problems we have to face. To put it more clearly, no minister can make the whole of India healthy if a grant of Rs. 2 crores only is passed. The hon. Minister of Health has got such co-workers as have been working since the time of the British. They have no doubt been in Government service for the last twenty or twenty-five years, but they have not studied the country from within. Of course, they have books, facts and figures, the study of which engages them day and night. But whenever they have to find ways and means of solving a problem their own vested interests distract their attention. They begin to regret that if anybody points to a way which is purely Indian, the hundreds of allopathic doctors and the various big medical colleges would go waste. They think so because they do not have an Indian mentality. They have not seen India with the eyes of an Indian. They are afraid lest they lose control of all these things. I want to assure them that I do not want that good points of allopathy should not be adopted. I do not want to banish from India all that has been accomplished by modern science. I want to say only one thing. I want to tell the allopaths, our hon. Minister of Health and the hon. Members that the mistake that the allopaths commit is that they claim all the discoveries and inventions for allopathy, and they spread this myth in the country. I ask them to stop this. Electricity was not invented by any allopath. If electricity is used by allopaths that does not mean that they have inherited it or that it is their patrimony. The claim of the allopaths that all scientific inventions have come through them is as ridiculous as the claim of drivers, guards and station masters would be that they have invented the steam engine. Somebody invented it but they cannot claim to be its inventors simply by virtue of the fact that they operate it. I want that the allopaths should not make such claims and should not spread this myth. Do they mean to say that discoveries made by Dr. P. C. Ray, who conducted research in Chemistry and Botany and contributed towards their development in the country, were made by allopaths? Are these their discoveries, I ask. Is the invention of injections a contribution of allopaths? Certainly not. I would request the doctors, especially allopathic doctors employed by the Government of India, not to spread such unjustified myths in the country.

I want to address a few words to those who are protagonists of Ayurveda. They repeatedly claim that their books contain all the available information. I agree, but does it mean that they are not prepared to accept and adopt the work done by other nations of the world and the discoveries and inventions of modern science? That is where their mistake lies. That is why allopaths mislead them by saying that all the modern inventions were made by allopaths. And then the Ayurvedic doctors say that they would not accept those inventions and discoveries. I want to say to them: "If you want to make any progress you will have to accept all of them and unless you do so you will have to bear up when the hon. Minister of Health calls you quacks and would have to admit that you are backward."

I want to say onething to the Government also. The Government of India and the State Governments have done a lot for *Ayurveda*. I want to bring this fact to the notice of the hon. Minister of Health that her department slanders her. She has spent lakhs of rupees and has appointed many committees. *Ayurveda* has spread in many States as a result of the endeavours made by her and many Ayurvedic colleges have been opened. Students are studying in these colleges. The subject is being taught as a modern science. Even now, her officers whisper in her ears that *Ayurveda* is nothing. The black night of despair has passed and we see dawn. The Government of India convened a Provincial Health Conference in 1946 which was attended by Provincial Ministers of Health. The then Minister of Health in Madras, Shrimati Lakshmipati moved a resolution. The Conference, consisting of the Minister of Health in the Government of India and her counterparts in the Provinces passed that resolution as item No. 11 of the Conference. The resolution stated that

they all recognised Ayurveda. It was further stated therein that schools and colleges and a research department for Ayurveda should be opened and that Ayurvedic practitioners should be given an opportunity to practise wherever need be. Then the Chopra Committee was appointed by the Government. The Chairman of the Committee Col. Chopra was an allopath and not a *Vaidya*. More than half of the members of the Committee were doctors. The Committee reported that the health problem of the country could be solved only through Ayurveda. After that the Pandit Committee was appointed. This Committee split its recommendations in two parts, namely, one that research in Ayurveda should be conducted and two, Ayurvedic schools and colleges should be given help and Ayurveda developed as far as possible.

About research I want to submit that all the allopathic doctors in the department are out to throw dust in the eyes of the world. I say with confidence that they want to defraud the hon. Minister. We have the Margosa tree, turmeric, dry ginger, chillies, long pepper and thousands of other things. I challenge anybody who claims that no research is needed for knowing the inherent qualities of these things. Who does not know what effects binjals produce? Who does not know as to what diseases are produced by eating these vegetables? Ayurveda tells us that a particular vegetable causes fever or chill. Who does not know that the fruit of Trichothenses dioica (*Parwal*) is beneficial or who does not know the benefits of eating mangoes, black plums or the conserve prepared from rose leaves or the qualities of asafoetida (*Heeng*)? Do they mean to say that even though the drug is Indian we should go to other countries—England or America and get a certificate from some Dr. Haingag Paingy, or Dr. Watson, or Dr. Wilkinson or John, to the effect that asafoetida is good for stomach troubles? I want to tell the hon. Minister with all the emphasis at my command that these doctors want to trick her by raising the question of research. Do we, who work on Ayurvedic lines not know this? What do you know about research? We have given our life-blood in the cause of research. We have got thousands of medicines. Do you want to keep us 50 years behind on account of them? I say that this research business is all a swindle. I admit that there should be research but I cannot find any sense in going abroad for conducting research. I am not a practitioner, I am just a humble servant of Ayurveda.

I have been working for the last twenty years. I have studied, measured and weighed everything. I have founded the Bundelkhand Ayurvedic College at Jhansi. After four years when the college had 150 students on its rolls, it was converted into an Ayurveda University. After that modern courses in surgery etc. were started in that college. Here I want to thank Hon. Shrimati Vijaya Lakshmi Pandit for giving me an opportunity to introduce the U. P. Medicine Bill in the Uttar Pradesh Assembly. The U.P. Government agreed to the Bill and it was passed as the U.P. Medicine Act. I thank her again for allowing me another opportunity to have that Act enforced after we were released from jail in 1946. I was appointed Chairman, Board of Indian Medicine. I opened research departments in all the colleges in Uttar Pradesh. The teaching of Botany, Physiology, Anatomy etc. called the basic sciences, with changed curricula, was started.

I want to point out one thing more. Ayurvedic colleges only would not be sufficient. How can the work of research be carried on in the research department? Research can be conducted only when there are at least 30 to 40 highly qualified professors and ten, twenty or fifty learned scholars who may have no teaching work on their hands but they shared study themselves and carry on research work. If only a research department is opened five or ten people are employed at Rs. 400 or Rs. 500 p.m. and asked to carry on research or M.P's or doctors for that matter being asked to conduct research, we cannot achieve anything in this way. Research cannot be done only for the asking. Dr. P. C. Ray or Jagdish Chandra Bose did not become learned because the Government had issued any edict. A special atmosphere in the universities is needed for producing such people. Only a couple of students out of thousands come out as great scholars after studying for decades together in the universities. How could Shri Deshmukh rise to the post of the Governor of the Reserve Bank had there been no universities? That is why I say that I firmly belive that the development of the Ayurvedic system can be achieved only if there is an Ayurvedic University. When Ayurvedic University Organisation Committee was appointed opinions were invited. And different people expressed different opinions on the question of opening such a University. Some were in favour of it and some were against. Even at that time many people expressed the view that such university ought to be there. The Re-organisation Committee of Indigenous Medicines appointed by the Uttar Pradesh

[Shri Dhulekar]

Government in 1948-49 unanimously reported that the establishing of an Ayurvedic University, where there should be 4 or 5 hundred students and professors studying and teaching Ayurvedic system on modern lines, was essential. I want that hon. Rajkumariji should make a note of it—that we should not study and conduct research in Ayurveda in the same way as simple folk like to read Ramayana or Shrimad Bhagwata etc. All available books on Ayurveda should be studied. We should even try to get back all the books on Ayurveda which have been taken to China, Persia, and Arabia. Those books which have been translated into English should be retranslated into Hindi. What I mean to say is that so long as you do not raise the standard of education mere spending Rs. four lakhs on research would not do.

I want to make another point. Almost all the hon. Members have said that there is over-population in our country. I want to ask who does not know this and why do you stress the obvious? You know that the greater the education the lesser is the number of children and, secondly the better the clothing and food and general cleanliness, the lesser the number of children.

Srimati Vijaya Lakshmi (Lucknow Distt-Central): This is wrong. I had said: Inverse ratio of the economic prosperity of the country, not education.

Shri Dhulekar: I agree with her. Shrimati Vijaya Lakshmi Pandit has said that I should not say that there is any ratio between education and birth-rate. I would like to draw your attention to the statistics where four categories have been drawn up. From the point of view of the education ratio, the Parsees have been placed first, the Hindus second, the Muslims third and the Tribals fourth. In the matter of lack of fecundity also, the Parsees came first and then others in the same order. The lesser the education the higher the birth-rate. That is why I mentioned education. I have statistics here to prove my point. The sole mission of my life has been to make medicines available to each and every Indian. About the military Department I wish to point out that if war breaks out, we would not be able to get medicines from Russia, Germany or England. How, then, would we supply medical aid to our fighting *jawans*? If a war breakes out, we shall be compelled to depend on the Ayurvedic system of medicine. I had an acquaintance, a soldier in the Army, who had some knowledge of Ayurveda. During the Burma campaign when the British troops were surrounded on all sides, they could not get any medical aid. At that time, that soldier used to bring herbs and plants from the jungles with which he treated the wounds and ailments of the soldiers. The soldiers fully responded to such treatment. What I am saying is very important, for supposing a war breaks out and imports of medicines from abroad are stopped, what course will you adopt?

Shri P. N. Rajabhoj: Is war going to break out?

Shri Dhulekar: It is the brave who fight. During the war, when military expenditure has to be cut down herbs etc. will be needed for medicine.

Mr. Deputy-Speaker: The hon. Member may close his speech now.

Shri Dhulekar: Yes Sir, I shall conclude in a minute. I have not got any opportunity to speak for the last 1½ months. I never say anything meaningless. Therefore, I would like to have two or three minutes more.

Mr. Deputy-Speaker: He may proceed.

Shri Dhulekar: My suggestion is that doctors and nurses should be trained to make use of the innumerable herbs, plants etc. found in the jungles of our country in order to meet any emergency which may arise in the event of war. Therefore through this system of Ayurveda in which these herbs are used, we can treat our countrymen and soldiers in war days very cheaply. This system is especially suited to our needs, firstly because our country is poor and people cannot afford to purchase costly Western medicines or go in for Western methods of treatment, and secondly because diseases are rampant on a large scale and in the event of stoppage of import of Western medicines we shall have to fall back upon it. The armies of Rana Pratap and Shivaji, which had to roam about in the jungles, used this system for treatment. They had no medical missions or Red Cross accompanying them and all the material which is now provided by medical missions or the Red Cross, they used to cull from the jungles. Not a single soldier of theirs died of disease or on account of lack of medicine during their stay in the jungles which tended upto 25 years at a stretch. This system of medicine can prove extremely useful for the poor. At a dispensary an hon. Minister was presented an Address of welcome and his services were

praised, but at that very function a gentleman got up and said that the financial assistance amounting to Rs. 400 per annum granted to the dispensary was spent out in 1½ months only and asked what function was the dispensary to perform during the remaining 10½ months. Four hundred rupees worth of Western medicines are finished in 1½ months and the doctors and the nurses have to remain idle for the remaining period. Their salaries total Rs. 800 p.m. and the amount spent on medicines is Rs. 400 per annum only. What results can be expected in these circumstances? In the Jhansi dispensary about which I have personal knowledge, I know that the expenditure on medicines is Rs. 1200 per annum, while the expenditure on the medical staff is Rs. 4000 per mensem. Now, how can this problem be solved? I would like you Sir, to listen to me attentively. I would suggest that instruction in hygiene and health should be given to children right from the primary stage to the University stage and in their classes they should be taught how to keep all parts of their bodies healthy and clean, because if they learn to care about health matters, it would go a long way towards checking disease. In my opinion, it is the responsibility not only of the Central or State Governments but of all individuals to follow and carry out all these things. Instead of courting illness by keeping whole nights awake, attending cinema and theatre shows and then spending money on medical treatment, why should not we regulate our life properly and thus avoid illness? If we have fallen sick by not leading a life of self-restraint it is not the duty of the State or the Central Governments to give us medicines for treatment. It is nobody else's fault but our own, because we invite illness but our own mistakes. I am not prepared to brook the "bogus ideology" according to which the responsibility for our ill-health is laid on the shoulders of the State Governments or the Central Government. Rather I believe that people themselves are responsible for this.

But while people are responsible for maintaining their health, imparting training to them is certainly Government's responsibility. The Government should educate them from the primary stage right up to the highest stage. As regards girls, my suggestion is that after finishing the primary stage, there should be a compulsory nursing course for them from the age of 16 to 20 years. After that compulsory education regarding maternity matters—about food, habits etc.—should be given to them. It is not necessary for all girls to take the B. A. or M. A. degrees, but it is essential for them to know the working of their bodies. Of course, those women and girls who want to study science should be given opportunity to do so, I have no objection to that, but it is an admitted fact that only five out of 100 would become scholars, the rest would all become mothers, and for prospective mothers it is essential to receive education in nursing and maternity matters.

The responsibility for giving training to ordinary educated people like us, so that we may be able to treat minor illness like colds, cough etc. rests with the Central and State Governments. There should be house to house propaganda and there should be Camps for women to train them in nursing. Is it not rather curious that while our womenfolk can be very easily trained to serve us in regard to health matters and nursing, we should pay ten rupees for engaging a nurse for one night? After all, how can the poor people afford to pay so much and should they die on account of lack of medical aid?

I would like to tell you Sir, that I am not here to criticise the Government through my speeches, but Sir, through you I would like to convey to the hon. Minister of Health that I am there to co-operate and lend her a helping hand. I claim that I belong to the whole of India. I do not oppose anybody. I am neither opposed to allopathy nor to homeopathy. Today the nation is on the down grade, our womenfolk need be saved.

Through you Sir, I would ask the officers of the Government of India to "kindly buy the hatchet against Ayurveda". If they do not stop this controversy, I can say they would not succeed.

Dr. Mathuram (Tiruchirapalli): Health is wealth, is an old saying. A nation's wealth is also measured from its health. The Indian nation is very backward in the condition of its health. If you take the statistics you will find that the average expectancy of life is only 27 years in India. Our death rate is 22 per 1000 whereas in the U. K. it is 12 per 1000 and, in America it is 11 per 1000. The child mortality rate also is equally great here, and as regards expectant mothers about two lakhs die every year during child birth. Coming to diseases, malaria takes a toll of about 20 lakhs every year and T. B. about five lakhs, and similar other diseases are responsible for so many other lakhs of deaths. That shows how backward

[Dr. Mathuram]

we are, how careless we are, so far as our health is concerned.

What are we to do in these circumstances? There is the Central Government on one side and the State Governments on the other. The State Governments are doing their best but their finances being slender they are not able to fully attend to the problem of national health as they ought to. Therefore, the Central Ministry of Health should come to their rescue. The Central Ministry should not restrict its activities to a very small sphere or circle. Its activities must reach the remotest village and the largest bulk of the people. The bulk of the people live in the rural areas, not in the cities or towns. More than 80 per cent. of our population lives in the villages. It is those people that must receive the maximum medical relief but, in fact, it is those people that are highly neglected. Cities and towns, though not fully, yet to a certain extent, are provided with medical relief; but as far as the villages are concerned they are totally neglected. It is they who need it. They are the bulk of our population. Those people living in the villages are also our food producers and therefore their health should be of greater concern to us than that of the city dwellers and the town dwellers.

Therefore, the Centre must devote its full attention to the medical relief of our rural areas. It is a question of national importance. But I find that the Central budgetary allotment towards this head is less than Rs. two crores whereas the Central revenues total to about Rs. 400 crores. This would mean that the Central Government gives only ½ per cent. of its financial attention to health and medical relief. The Health Ministry at the Centre must spend at least Rs. ten crores or even 20 or 30 crores for this purpose, and that too in the form of financial assistance to the States. Such assistance is absolutely essential and is urgently needed in the various States. The present allotment of Rs. two crores is quite inadequate and must be increased at all costs.

I now come to the actual working of medical relief in the rural areas. For the past so many years various States have tried to extend the medical facilities in the rural areas and they have failed also. Rural dispensaries were started and later closed down for the simple reason that they did not have the necessary personnel. Either the doctor was not available or the compounder was not there to run that dispensary. As conditions of village life are not conducive to their standard of living, these doctors, compounders and nurses do not want to go and work there. Also, their pay is so meagre that for a person who expects to maintain a certain standard of living, working in a rural dispensary is not an attraction. In addition, he is not able to increase his income by private practice. A villager who goes to him can, out of gratitude, give him two to four annas for the treatment he receives. But that is not going to solve the financial problem of a doctor or a compounder or a nurse working there. So it is more or less an honorary job for which only missionaries are suited and which others will not be able to do. In general the pay scale of the staff employed by the town or local body concerned is very low. That is the general complaint of many medical men also. This must be looked into and revised.

Let me now deal with the question of how relief can be given in these circumstances. My suggestion is that it can be done in the form of touring medical vans. There must be about two vans per district. The Health Ministry will say that it is the States' affair, but the Centre must come to the rescue of the States and give them sufficient funds at least to run such vans. Now, as I said each district must have at least two such vans and they must be staffed with a doctor, a nurse, a compounder and a driver. This is the absolute minimum necessary for running these medical vans. The cost of a van would be about Rs. 30,000 or so, with the equipment and drugs. So, for a lakh of rupees you can have three vans. The States cannot afford to spend so much. So, the Centre must come to their help and advance at least half the cost of each van. A van can cover the needs of an area of four or five square miles in a day. In a single day a van can visit three or four places. A village would be visited by a van twice a week.

I also suggest that rural medical services must be nationalised. Any doctor who passes out of the medical college must be asked to practise in the rural parts for the first four or five years. This can be regulated during admission to the medical colleges. Medical service must be classified into rural medical service, and general medical service, or specialised medical service. When a candidate seeks admission he should be asked to exercise his preference. Of the available seats in the college 50 per cent. must be reserved for rural medical service candidates: the other 50 per cent. being allocated for the other services. Unless this is done there

will not be any attraction for the rural medical service. A rural medical service is absolutely essential for our nation, because most—about 80 per cent—of the population live in villages and not in cities. That is one way of tackling the problem.

Some of our men, as soon as they pass out, are sent immediately to foreign countries. I suggest that the selection must be made from among people who have done at least ten years' of service in the State. They must not be taken in for foreign studies straightway. They must not be asked to practise first, in the rural aresa for five years. Unless there is an element of indirect compulsion, I am afraid we cannot do much in the matter of rural medical aid.

Again we import certain experts from abroad to help us. Some of these experts I have found to be quite Inexperienced and not having been in the field at all. They are people who have just passed out; or they are not wanted in their own countries. And they impart their knowledge to us! I do not mind our spending double or treble the amount—but let us get men of international fame. Then only will we be able to get the advantage of their experience.

श्री बी० डी० शास्त्री : मैं भी इस संसद का एक साधारण सदस्य हूं । मैं कई बार खड़ा हो चुका हूं । मुझे बोलने का अवसर नहीं दिया गया ।

[**Shri B. D. Shastri** (Shahdol-Sidhi): I am also a Member of this House. I have stood up many a time but have not been given an opportunity to speak.]

Mr. Deputy-Speaker: I cannot call everyone.

Dr. M. M. Das (Burdwan—Reserved—Sch. Castes): I take this opportunity to discuss the urgent need of a positive population policy on the part of our Government A positive population policy, a policy which will effectively control the growth of the population of our country is highly desirable and essentially necessary not only for the economic stability of this country but also for creating a better balance between our expanding population and our short food-supply. Unfortunately for the world, the human race has a natural tendency to multiply, to increase in numbers. But the area of land on the face of the earth is limited and does not increase with the growth of population. On the contrary, an increase in population, methods of production remaining stationary, tends to lower the production *per capita* of goods and thereby lower down the standard of living of the country.

There are some people who in their sentimental optimism think that God in his infinite mercy sends a pair of hands to help in the production of food along with an extra mouth. But these people do not understand that God has made no provision for an extra acre of land to be added to the surface of the earth along with an extra mouth and a pair of hands.

Mr. Deputy-Speaker: I am going to call the hon. Minister at 11-35. The hon. Member should, therefore, discuss only the main points. Otherwise, he will have to sit down.

Shri Nambiar: He is speaking on population.

Dr. M. M. Das: Population has the closest connection with health.

India has the second largest population in the world. The first is China—my hon. friend will be pleased to know—with 461 millions and the second is India with a population of 356·82 millions. The rate of increase in our population is 1·3 per cent. per year. In other words, our Government has got every year 40 lakhs, or round about that number, more mouths to feed and 40 lakhs more bodies to clothe. Scientific and technological development is a country ultimately brings down both the death rate and the birth rate. But the first impact of modern science and technology, with its improved sanitation and disease control, reduces the mortality rate or the death rate without influencing in any way the birth rate or the fertility rate.

The increase in food supply, the elimination of famines and epidemics and the gradual improvement of the health conditions of the country reduce the mortality rate. But fertility or birth rate, being intimately connected with the ways of life of the people, with the traditional outlook of the people towards family and children and their religious practices, offers more resistence to change. Thus we find that during the first phase of industrialisation in every country, the rate of death comes down and owing to the coming down of the rate of death population begins to increase on an unprecedented scale. This is what happened in England during the first phase of the industrial revolution during the earlier part of the 19th century.

Mr. Deputy-Speaker: What is the remedy? The learned Doctor may come to the remedies he would suggest.

Dr. M. M. Das: I am coming to that, Sir. In Japan also we find an illus-

[Dr. M. M. Das]

trative example of these phenomena. We are afraid this is what is going to take place in our country also. Along with the implementation of our development schemes our population also will grow on an unprecedented scale. In India today both the birth rate and the death rate are very high, because India still remains a backward and under-developed country. Our birth rate is 27·9 per thousand and our death rate 17·5. With the beginning of industrialisation—our death rate will come down—but our birth rate will remain the same. The result is that the rate of increase of our population will be much higher than it is now.

But it is a very difficult matter to control the growth of population. There is a natural tendency among men and women in every country to marry and to produce children, and apparently, those who marry lead happier lives than those who do not.

Shri Nambiar: If the death rate is also increased the problem will be supply.

Dr. M. M. Das: I have got only a few minutes, my friend.

It is therefore imperative that our Government should devise and follow a positive population policy aimed at a reduction of the birth rate of our country so that a better balance may be created between the rapidly expanding population and the short food supply.

Apart from living the life of an ascetic, a life of celibacy, a life of absolute sexual abstinence, there is only one alternative in the world today for controlling the growth of population. This one alternative is the practice of any of the methods of family planning or birth control. It is a matter of regret that our Government has up till now done practically nothing in this respect. A brief reference of this problem of family planning in the Draft Report of the Planning Commission has focussed the attention of the public to this problem of vital importance. This year rupees three lakhs have been earmarked in the Budget of our Health Ministry for carrying out investigations about the rhythm method of family planning. I do not understand why our Government has become so enamoured of this rhythm method of family planning. All over the world today this method has not been found suitable in any country, and every country has disregarded this method as unsuitable, unreliable and ineffective. The House will know that our Defence Forces have taken up this family planning to be introduced and popularised among the members of the Defence Forces. Here is a booklet *Planned Parenthood*, published by the Medical Directorate, Army Headquarters, New Delhi. And this is the opinion of our Army Medical Directorate about the rhythm method which has been adopted by our Government. After describing in detail this method, this booklet says:

> "In practice, however, the observance of the safe period" (that is, the rhythm method) "is fraught with pitfalls, chiefly on account of the fact that the fertility of women is very variable, and many women have been known to conceive right through the menstrual cycle".

I would also like to submit before the House the opinion of one of the world renowned authorities upon this subject, namely, that of Dr. Marie Stopes of England. Dr. Marie Stopes is the President of the Society for Constructive Birth Control and Racial Progress in England, and she is also the President and Founder of the Mothers' Clinic, London. In a pamphlet named *Birth Control to Indian Women*, she has said:

> "Recently I heard with profound distress that the Indian Government are actively supporting a campaign to teach Indian women the 'Rhythm' or so-called 'Safe Period' method (of birth control). I emphatically deny that the Rhythm method would be successful and earnestly warn Indians not to place reliance on this method. It is most unreliable and very unnatural."

The opinion of medical men in this country is not at all favourable so far as this rhythm method is concerned. I understand that one of the most reputed and leading surgeons of the city of Delhi has written a letter to the hon. Minister explaining to her the worthlessness of this method and requesting her not to waste public money and energy in propagating and popularising this rhythm method.

Even Dr. Stone, who was invited by the Government of India, has not recommended this methods as the most suitable one. In spite of the fact that Dr. Stone was invited to this country by the Health Minister only to establish pilot studies in the use of the rhythm method of family planning, Dr. Stone has recommended that mechanical and chemical contraceptives, which are now imported from foreign countries, should be manufactured in India by the Indian Government.

In these circumstances, with all humility, I beg to submit a few of my suggestions in regard to this problem.

Firstly, I submit that instead of carrying out investigations and researches, our Government should make sincere attempts to popularise and propagate amongst our masses those methods of family planning which are being already used today in other countries of the world with safety and success. The only difficulty with these methods is that they involve some expenditure. In order to counteract that, so that everybody may find it possible to utilize them, my suggestion is that our Government should give a subsidy to all the appliances of family planning—rubber goods or medicines. We have earmarked Rs. three lakhs for investigations in family planning. The total value of such birth control appliances imported into this country will not be much, and out of these three lakhs of rupees room can be found for the subsidy.

Secondly, in addition to this subsidy, our Government should organize a country-wide movement for popularising family planning. All the different agencies of publicity, namely, the Press, platform, cinemas, radio and other agencies should be utilized for this purpose. Our Ministry of Information and Broadcasting should be requested to prepare a series of films for popularizing the principle and practice of birth control amongst our masses.

Shri Nambiar: A very sane idea!

Dr. M. M. Das: And, thirdly, free beds and free operation facilities should be made available in every first class hospital in this country for sterilizing those who want to get themselves sterilized by surgical operation.

Before I finish, I would like to sound a note of warning to our Government. The odds against any plan of family planning being implemented in this country are no doubt very heavy. But our need is imperative. A laissez-faire attitude towards this problem of great importance can only spell disaster and bring upon this country utter frustration and eternal poverty.

The Minister of Health (Rajkumari Amrit Kaur): I welcome this opportunity that falls to the lot of a Minister once a year to listen to the opinions of the Members of this House in regard to this vital problem of health. I only wish these opportunities came oftener. I have, therefore, listened with great interest to all the criticisms that have been levelled at my Ministry and to some suggestions that have been thrown out.

It is difficult for me to express in words the immensity of my heart ache. It is perpetual and no medicine can cure it. That I, who have to move and live and have my being amongst those who are sick and suffering, find that I cannot do all that I should like to do for them, is enough to depress any one. But, after all, problems are there to be overcome and I have no doubt that even in these last 4½ years, a very brief moment in the life of this or any country, a little something has been achieved. I have no doubt too that the State Governments who are mainly responsible for the promotion of health in their areas are well alive to the situation and their responsibilities, and the great thing is that, however slowly, we are forging ahead on right lines.

Much that has been said in regard to the inadequacy of health facilities in rural areas. I entirely agree with the Members of the House who say that our problem is pre-eminently, as all our problems are, a problem of how to bring well being to rural areas. I have been told that nothing can be done unless the economic problem is solved. I do admit that I am not a little handicapped as are the Health Ministers in all the States inasmuch as we do not get enough finances for our schemes. But, I realise that the money is not there. I know how sympathetic my hon. colleague the Finance Minister is towards my schemes. But, then, he cannot mint money...

An Hon. Member: he can.

Rajkumari Amrit Kaur: He cannot, unfortunately.

The Minister of Finance (Shri C. D. Deshmukh): Not with safety.

Rajkumari Amrit Kaur: There are certain levels beyond which man's endeavour cannot go. Therefore, I agree with my hon. friend on the opposite side when he says that all the amenities that are possible to be given to city people or to people in other countries cannot be applicable to rural areas and that owing to lack of finance we have to have different standards. But I am not in agreement with him and with many others in all that they have said. They have asked for health amenities in the rural areas. I believe firmly that I cannot have health unless I have enough food; I cannot have health unless I have communications whereby to reach out to the people. I cannot have health unless the problem of housing is solved. The people must have a proper drinking water supply. I have always laid the greatest stress on the preventive side. Even that means money. I do hope that the new

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Ministry of Housing will have a dynamic programme of housing. I do hope that road communications and facilities for water will be amply developed in the Five Year Plan. I believe that the answer to medical aid and relief to rural areas is mobile dispensaries and cottage hospitals. I know the difficulty of getting doctors to settle in our rural areas. I blame the medical profession because I feel that here in this country when we stand at the threshold of a big venture and hope to make something big out of it, we ought to have a missionary zeal, a missionary spirit, a spirit, that counts no cost too great if it means service to our country. But, alas, the system that was left to us, of medical aid and relief has not played fair by the doctors either. How can one expect a doctor to go into the rural areas, on, sometimes, Rs. 80 a month? Where is he to live? He has not got a house to live in. He has got no facilities for the education of his children. He has to go without the amenities of life to which he as a city dweller has been used. Therefore, we are in almost, as it were, a vicious circle. I have no doubt that cottage hospitals should be built and I have no doubt that mobile dispensaries should be used more and more and more, and that we should have a well paid cadre of doctors in Government service without private practice. So long as we do not pay our doctors adequately we cannot have both good men and women and good work. You have to pay the doctors a living wage, a wage that will not only attract them, but will make it possible for them to serve. We should not make conditions of service impossible for any one: I do plead for that. But, I know this also. Even in respect of the limited scheme that I have put up recently, and which, to my joy, has been accepted by the Cabinet, to give, on a small payment, free medical aid and relief to all Government employees in this city of Delhi, especially to those whom we used to call Class IV servants—I do not myself like this classification—and who used to get nothing, I am already receiving letters from the members of the Medical Association saying that this policy is all wrong. The Health Minister of the United Kingdom, when I was talking to him year before last, said to me that we too were bound to have difficulty if we started anything on these lines because everywhere there are vested interests in the medical profession. Well, we have to stand up to them. Vested interests must go because it is the people's welfare that comes first. I would like the Members of this House to help me. I believe we have to nationalise our health services. I believe everybody can afford to give a little towards health. We are in the habit of depending upon the Government for everything. What can the Governmetn alone do? I want the people's co-operation in the matter of public health. They can and should give it.

Members have talked about more doctors. I am not so keen about producing more and more doctors who will congregate in the cities and not go into the villages. I am keen to attempt to train doctor's aids and nursing aids from amongst the villagers themselves, who will carry out the doctor's instructions, who will be intelligent enough, who will be educated enough and who will be trained enough to see to it that all the service the doctor directs is made available to the people. I believe this is the right way of solving the huge problem of health. I do not take a gloomy view; I do not see why we should not be able to give more and more of such aid and relief to our people over the next five years. I think we can do it; we must do it; we must make up our minds that it shall be done.

I do not agree with my hon. friend across the way when he says that 2·3 per cent. only of our people require hospitalisation. I wish he could visit the hospitals even in this city of Delhi and see what percentage of the people require hospitalisation and how little room I have been able to give them.

He also talked against the B. C. G. campaign, against its efficacy, against its whole conception. I would like to quote but I have not got the books here at my elbow—I could quote to him, in fact far more liberally than he did against it, in favour of B. C. G. It is only one of the many protective measures that we are taking, and I think we ought to take it. And I do not think the experience that has come to us from those countries in the West where B. C. G. has been tried out with marked success can be ignored by us for we cannot ignore the evidence of doctors who are capable and competent to speak. You would not have the World Health Organisation advocating it, you would not have a Government like the Government of the United Kingdom, which is one of the most slow moving Governments where new policies are concerned, making B. C. G. vaccination obligatory on those serving T. B. patients unless they are convinced of its efficacy. He quoted the Rockfeller report. He quoted some papers from the Minnesota University. There again, I had

one of the highest officials in the health services of the United States come to see me the other day, and he told me that over practically the whole of South America, B. C. G. is being practised. Among the Negroes in America it is being practised. Among the Red Indians it has yielded good results. I do wish to assure Dr. Jaisoorya that nothing has been put into this report that has not got evidence behind it. It would not be right for me to put out things that were not based on evidence, that were not based on facts. "Oh", he says, "it is an unscientific view." I have to join issue with him there. While I agree with a great deal of what he says, I have to join issue with him that my advisers are men with unscientific minds.

Much has been said about *Ayurveda* and *Unani*, and I have been accused of meting out step-motherly treatment or almost trying to strangle *Ayurveda*, *Unani* and Homoeopathy. I want to make it perfectly clear from the very beginning that I have never wanted to stifle or strangle anything. In fact, I believe, that I have been a friend of *Ayurveda*, *Unani* and *Homoeopathy* when I have asked them to have the full basic scientific training without which they cannot hope to compete with the dynamic progress that modern medicine is making. Medicine or indeed any other science knows no barriers of race or creed, and I cannot be expected to believe and say that anything that was born here thousands and thousands of years ago, even if it has remained static, can today compete with that which is spreading all over the rest of the world. And I say this in all humility for it is the truth. After all, it is the people for whom we are talking, and it is the people who will demand from us what they want. In the wilds of Himachal Pradesh when I went round the villages, they said to me: "Give us doctors, give us dispensaries." I said: "I cannot give you all you want, for I have not the money for them." What did they say to me:

वैद्य मामूली बीमारी के लिये ठीक है लेकिन डाक्टर चाहियें।

(A Vaid is all right for an ordinary disease, but we need doctors). Now that is my experience everywhere, wherever I have been to the villages and I therefore beg all those who wish to practise the science of *Ayurveda* or the science of *Unani*—I do not say they are not sciences, but I do say that they have remained static and I do say this that unless they pull up their socks, and unless they imbibe all that is of scientific value in modern medicine, they will themselves kill their art.

I agree with my friend who said that we ought to be doing research, but he wants to know why I am doing it in Jamnagar, and another friend asked what was the need for research and mentioned a whole heap of well-known herbs. I want to tell the gentleman who mentioned some medicines that every one of the herbs that he named is included in the pharmacopoeia of modern medicine in a modern form and they are being used. They may have Latin names but that makes little difference. As far as research in *Ayurveda* is concerned and why it has been started in Jamnagar, the Pandit Committee was appointed by me to tour round India and see where research could best be started. A majority of the committee were *Vaids* and they suggested that the work should be started in Jamnagar. But who has got to do the research? The *Vaid* alas is incapable of doing it. They do not even know how to look down a microscope. I am very sorry to say what may seem harsh, but I have to say the truth. And I am a friend when I tell *Vaids*, *Hakims* and Homoeopaths that until and unless you make yourselves fit to compete with those who can talk with a scientific background and with scientific proof, you will not be able to progress. No science, no truth can die. After all, what is science? It is the quest for truth. Therefore, if the truth is fundamental, it cannot die. It does not depend on the patronage of any Government. If it has survived all these years, it is because there is something in it. If it has got to survive further years, it has got to come in line with progress.

Then there are the Homoeopaths. I am perfectly willing again in this regard to listen to their reasonable demands. After all, where was Homoeopathy born? Not in this country. It was born in Germany. What has happened to it in all the countries of the West? They have insisted on a basic modern course, and made Homoeopathy, of course, a post graduate course. I am not unopen to conviction and I have asked the Homoeopaths again and again to tell me at what stage of training they would like to bring in their therapeutics. But they must have a basic modern training. I have no doubt there again that they will never be able to compete unless they are properly trained. It is no use wanting me to encourage Homoeopaths who go in for a three weeks or six weeks correspondence course. I had people here—I had them banished from one of the Secretariats of the Government of India—asking people

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to pay so many rupees, Rs. nine for a six weeks course, Rs. eleven for a nine weeks course and so on. That is going on, and it is nothing but hypocrisy and exploiting the poor people. Surely, no one can or should put up with these going on. Anyhow, I have not banned the practice of any system of medicine, but I know that if India is to keep pace with dynamic progress elsewhere, she cannot turn a deaf ear to modern medicine any more than she can to science in any other realm, any more than she can say she is not going to have an aeroplane, she is not going to have motor cars, she is not going to have tractors. There however, I may join issue. We have got human material for the work of tractors, but this House accepts tractors. Is it in medical science alone that the House wants to take us back from the realm of modern science to the middle ages or the dark ages? I am afraid I am not for it. I must give to the people the best. I am not out to give to the villager what is cheap. He must have something better than I have, because I have more education and more facilities for healthy living, and therefore he has got to have what is best.

Then, a friend has slanged, if I may use that word and as so very often people do, the officials of my Ministry. I want to say here very firmly that whatever he has said is completely wrong. After all, our officials are here to serve us, and I have not found—and I have been in charge of two Ministries—I have not found any official going contrary to what the Minister wants him to do. All this talk of rigid-mindedness has got to stop, and I think it is time we stopped it. We have inherited a fine service. They may have had or have different ideas, but there is no reason why they should go contrary to the directions of the Minister, and I want to say that never have I had anything but the most loyal co-operation from all my colleagues. It is not right to damn any particular section of the population. If co-operation is not forthcoming from his colleagues, it is probably the fault of the Minister.

As far as the manufacture of our own medicines is concerned, I am in entire agreement and I want that desideratum to come about, that we should be able to manufacture our own medicines. Not only that, but we should be able to export our drugs also, because, after all, we have got thousands of herbs here that can be exploited.

My time is very short, and I cannot perhaps comment on all the points that have been raised, but I must say something about family planning, because many of the Members of the House have talked about it. There have been contrary opinions expressed. The first speaker in this morning's debate said: "Family planning? Leave it out." Just like that. There are some who have said: "Family planning? Well, you must do something about it," while others have said: "Family planning? Why? Irrigate more lands, there is plenty of room for expansion in our land." My Ministry has been accused of not having paid much attention to this vexed question. We are not wholly oblivious of the problem, as hon. Members will have seen from the report on Health, in the chapter relating to this subject in the first Five Year Plan. But I would ask the House to remember that family planning has not been taken up by any Government in the world on a governmental basis, because it is a very personal thing, where religious susceptibilities are often roused, and perhaps Members of this House may have seen that even in an organisation like the World Health Organisation, the proposal that was sponsored by the Indian delegate to discuss birth control and to see what the organisation can do about it, was turned down because of bitter opposition against any such plan. Many of the Members of the non-progressive groups across the way—though some of them may call themselves more progressive—may oppose bitterly birth control by means of mechanical contraceptives. Unfortunately, the Members of the House who have spoken in favour of it have spoken only in terms of mechanical contraceptives. I myself am firmly of opinion that—the moral side of it apart—this is completely unthinkable for us from the point of view of finance. It is impossible for us not only from the point of money, but also from the point of view of inadequate medical aid and relief. There are other methods, however. Will the hon. Members who talk about family planning take courage in both hands, and advocate that people marry at a much later age than they do now? Do the Members who come, especially from Bengal, realise that in their villages today girls are becoming mothers at the age of 15, and that boys in their teens are becoming fathers? These are some of the ways in which we can tackle this question. After all, the God-given remedy of self-restraint is given to us. Are we going to be weak enough to say that no self-restraint can be practised, and that we have to resort to other methods? We are quoting the Father of the Nation again and again repeatedly on the floor of this House, but should we forget him in this vital thing? I think we shall be doing a very great disservice to this country,

if in this we blindly follow the West. It has been said that we should raise the standard of living of the people here. The answer is yes, as soon as possible. If we can do that, the birth-rate will of itself go down. But in other ways what are we doing? After all, a man has to have some outlet for his energies and for his pleasure. What do we give him? He has got nothing to turn to but gambling, drink and procreation. Will the hon. Members go out and do something for these people? We give them no music, no drama, no theatres, no cinemas, no games, nothing of that sort. I say, these are the ways in which we can tackle this vital question. The rhythm method has been recommended by Dr. Stone. I do not know who is responsible for the libel that he has not recommended it. I am sure, the hon. Member, who quoted Dr. Stone as having said that, has not read his report properly. And this method is a costless method of self restraint.

Dr. M. M. Das: On a point of personal explanation, Sir. The report is here with me, I can assure the hon. Minister...

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Rajkumari Amrit Kaur: Dr. Stone's report and his recommendations are with me. He has said in it that after having travelled and talked with and seen very many people, he has come to the conclusion that this is the best method for India. That is Dr. Stone's recommendation, and I can show it to the hon. Member, if he wishes to see it. The solution of the problem is in our own hands. And I am not one of those who is going to go against the genius and the traditions of our people. There are many objections to the way of family planning as followed in the West; even in the West, doctors are not wholly satisfied with the methods that obtain there.

Finally, I would like to assure the hon. Members of this House that I and my colleagues are at their disposal whenever they would like to see us. I would like to see, particularly the Members of the Opposition, to have them come and talk with me and plan with me, because, after all, health, at any rate, is something that rises above all barriers; there are no politics in it. We all want a healthy nation. We want to have healthy children and healthy youth. People are dying of T.B. and I am told, I have got T.B. on the brain. How can I not? I have to have T.B. on my brain, because I cannot find beds for T.B. patients. My heart aches for them. I know that we cannot do very much for them at the moment, but we could give shelters for them. We could have isolation, at any rate, for them. We can remove malaria from this country. We ought to remove it. I am now pleading with the hon. Finance Minister, that if any money comes his way, it might be given to me for a countrywide plan for the eradication of malaria. I would like to say that I sympathise entirely with the States when they say to me: "We have so many programmes on hand, we would like to avoid malaria and so on and we want money." I believe, one hon. Member said that D. D. T. is not going to eliminate malaria. But I have the evidence of my hon. friend Mr. Vartak who comes from Bombay State, where with a really good programme, malaria has been brought wonderfully under control. It can be brought under control in every State. In four places, in the States of Mysore, Orissa, Madras and in the Terai lands of Uttar Pradesh, where teams of workers have gone out, malaria has been eliminated. It can be eliminated; it is only a question of ways and means. I have to guard myself against impatience. I may not be frustrated and I would like the House to join with me—that we should not be frustrated. We must not only not think that we are unable to do this or that, but we should think that we will do it, we will do a little, and we will see when we can achieve the rest. That is the attitude that we have to take in the matter of health. I do hope that more and more Members will take an increasing interest in this subject, and come to me with their suggestions. I have an open mind, and I would like to do everything that is practicable for the sake of this vital need. After all, there can be no production in this country, there can be no progress of any kind in this country, if our people are weak and dying of disease. It is no good quoting to me. Sometimes I have quoted to me Samuel Butler's 'Erewhon', where the law was that "People who fall ill should be fined." That is all very well, but in Samuel Butler's "Land of Nowhere", I daresay, conditions existed where people need not have fallen ill. Unfortunately in our country, conditions exist where people have got to fall ill; they are exceptions if they do not fall ill. Therefore, those conditions have got to be remedied. I hope great things from our community projects, where, I hope, the villages will have proper plans laid out for them, so that the health conditions, drainage, sewerage, latrines etc. can be improved, and all which makes for better health and living may be given to our villagers.

Dr. M. M. Das: I was contradicted by the hon. Minister when it was said that Dr. Stone did not recommend that the Government of India should take up the manufacture of birth-control appliances. Here is the report sent by the Health Ministry, and I shall like to point out to the hon. Minister.....

Mr. Deputy-Speaker: That is another matter, regarding the rhythm method. As the time is up, the hon. Member may talk at leisure with the hon. Minister, and clear up the matter.

I will now put the cut motions to the vote of the House.

The question is:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

The motion was negatived.

Mr. Deputy-Speaker: The question is:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

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"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

The motion was negatived.

Mr. Deputy-Speaker: The question is:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

The motion was negatived.

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The motion was negatived.

Mr. Deputy-Speaker: The question is:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

The motion was negatived.

Mr. Deputy-Speaker: The question is:

"That the demand under the head 'Medical Services' be reduced by Rs. 100."

The motion was negatived.

Mr. Deputy-Speaker: The question is:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

The motion was negatived.

Mr. Deputy-Speaker: The question is:

"That the demand under the head 'Ministry of Health' be reduced by Rs. 100."

The motion was negatived.

Mr. Deputy-Speaker: The question is:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

The motion was negatived.

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The motion was negatived.

Mr. Deputy-Speaker: The question is:

"That the demand under the head 'Public Health' be reduced by Rs. 100."

The motion was negatived.

Mr. Deputy-Speaker: All the cut motions have been negatived. I shall now put the Demands to the vote of the House.

The question is:

"That the respective sums not exceeding the amounts shown in the third column of the order paper in respect of Demands Nos. 50, 51, 52, 53 and 119 be granted to the President, out of the Consolidated Fund of India, to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of the corresponding heads of Demands entered in the second column thereof."

The motion was adopted.

[As directed by Mr. Deputy-Speaker the motions for Demands for Grants which were adopted by the House are reproduced below.—Ed. of P.P.]

DEMAND NO. 50—MINISTRY OF HEALTH

"That a sum not exceeding Rs. 4,05,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Ministry of Health'."

DEMAND NO. 51—MEDICAL SERVICES

"That a sum not exceeding Rs. 58,11,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of Medical Services'."

DEMAND NO. 52—PUBLIC HEALTH

"That a sum not exceeding Rs. 51,98,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Public Health'."

DEMAND NO. 53—MISCELLANEOUS EXPENDITURE UNDER THE MINISTRY OF HEALTH.

"That a sum not exceeding Rs. 46,12,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Miscellaneous Expenditure under the Ministry of Health'."

DEMAND NO. 119—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH

"That a sum not exceeding Rs. 1,16,10,000 be granted to the President, out of the Consolidated Fund of India, to complete the sum necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1953, in respect of 'Capital Outlay of the Ministry of Health'."

Mr. Deputy-Speaker: We will now proceed with the Demands and the cut motions relating to Planning.

Shri Nand Lal Sharma: The cut motions have been lost. Does it mean, Sir, that the subjects raised therein are also lost?

Mr. Deputy-Speaker: The subjects are immortal.

Now, there is a suggestion made to me that inasmuch as Planning is one of the items coming under the Ministry of Finance, all the cut motions relating to Planning and Finance may be moved together and then one discussion may follow.

The Minister of Parliamentary Affairs (Shri Satya Narayan Sinha): In regard to river valley projects, the hon. Minister has not replied to the debate. We may take up Planning and Finance after that.

Mr. Deputy-Speaker: Does he intend to reply? Then, we can take up Planning and Finance afterwards.

The hon. Minister may reply to the debate on the Demands Nos. 71, 75, 76 and 123 relating to the Ministry of Irrigation and Power.

The Minister of Planning and Irrigation and Power (Shri Nanda): Sir, the other day—it was the 20th of June—the Demands for Grants in respect of the Ministry of Irrigation and Power were discussed; so also several cut motions in that connection. I regret to say I could not remain present throughout the day when this discussion took place. But I made a careful study of the entire record of the proceedings and I am in a position to express my reactions to one aspect of that discussion immediately. Very harsh words were said and some serious charges were made regarding the working of the river valley projects. It is now my business to ask the House to judge whether there is any weight or substance in the grave accusations which were hurled against this administration. During the brief period I have become responsible for this part of the Government's work, I have tried to acquaint myself with the problems and issues that have arisen and I am in a position to say that I have made a fairly accurate assessment of the situation in respect of many of those matters. I have also to admit that I have not been able to complete my scrutiny and examination of all those matters. Regarding some of these things, I have only provisional conclusions.

What are my findings? What is my reply to the questions that have been raised? I am not going to make this claim that everything is perfect with regard to the administration of the river valley projects. I know things have happened which one might well have avoided. There are dark spots, there are flaws, but it is not a dark picture as it has been painted to be. There are dark spots; they are on a big white canvas and these dark spots also are being wiped out. They are diminishing. It is a picture of progressive improvement; it is a fairly bright picture. (*Interruption*)

I do not want to be interrupted like this. So far as the conditions, as I see them now, are concerned I can say with confidence that there is nothing of which we need be ashamed. I do not claim even now that everything is perfect. Even at this stage things have to be improved. I am sure we are going to improve them. Even at the best it is not possible to claim or to expect that when big things are being done, when crores of rupees are being spent, when thousands of people are engaged in big projects, something here and there will not occur which one may not like. But I would like to be tested by the overall test of efficiency, of economy—whether we are really making a good job of the things that we have taken in hand. We have also to be tested on this touchstone—maybe some things have at some time not been of a very satisfactory character—have we, immediately we noticed them, not tried to improve them, taken all the necessary steps to put things right and are we not now in a position when we can claim that things are fairly satisfactory and improvements the being made?

This is my view of the situation. I will be asked. "What about the Estimates Committee's report? They have also said so many things against the administration." I have very great admiration for this piece of work, the Estimates Committee's report. A great deal of labour has been put into it. They have covered very wide ground, they have brought to light number of things which one would like to know, several weaknesses in the administration. I have made a very minute and close study of this report. I must say that I have not been able to agree with all the conclusions of the Committee. There are several things which certainly are very helpful and it may be that the data which I have now were not available to that Committee. They tried to do so many things in a short period and it is possible, therefore, that when the data, that I have, are placed before the hon. Members of that Committee, they might reach the same conclusion as I do.

I give an instance, Sir—that is a factual matter—regarding the difficulties which the Estimates Committee might have experienced. Here is a reference to Bhakra-Nangal:

> "The recent damage done to the tunnels by flood only confirms the misgivings that there was some defect in the construction."

I have some information about this. I have been very reliably informed that this is not at all true. No damage at all occurred to the Bhakra-Nangal tunnels. The position is—and this is the authoritative official statement:

> "It can be categorically stated that no damage whatsoever was caused by flood to the tunnel structure. There was no caving in, nor did any part of the lining completed till the occurrence of the flood collapse. The loss that occurred was due to the submerging of certain stock and tool and plant and the washing away of certain stock articles stored on the river edge."

But it did not amount to much. This is the position.....

Shri Dhulekar: What were the sources of the information of the Estimates Committee?

Shri Nanda: We shall go into it at the proper time.

Shri Velayudhan: On a point of order. I want to know whether the hon. Minister can discuss the Estimates Committee's report here when we are not given a chance to discuss it.

Shri Nanda: The Estimates Committee's report was referred to on numerous occasions in the course of the discussion and I was charged with not having taken notice of the recommendations. I am not discussing the Estimates Committee's report as such The time will come for that. I am just pointing out the fact that certain conclusions may possibly have to be modified in the light of new data. But the point is that there is a way of interpreting these things. Take every page of it as true, and still what I said before applies: you have to judge it as a whole and interpret it in a manner which should be fair. You point out a few things which have not been very satisfactory here and there. That does not mean that the entire situation is something of which we should be ashamed. Not at all.

Shri Sinhasan Singh (Gorakhpur Distt.—South): On a point of order, Sir. According to the Estimates Committee's report, we find that some loss occurred. Now the hon. Minister quotes from an official report that no loss occurred. There are two distinct reports coming from two sources—both Government. Will the hon. Minister let us know which of the two reports is correct and put the facts before the House?

Mr. Deputy-Speaker: I had something to do with the Estimates Committee. I do not find that there is any contradiction between what the hon. Minister has said and the passage in the Estimates Committee's report. It was said at the time that there was a flood and it inundated the channels. The Estimates Committee thought that much damage was done. That was at the time of the floods. Subsequently the hon. Minister has got a report that the damage is not so serious and it does not indicate that the whole scheme is wrong. That is all that he is trying to explain.

Shri S. S. More: What was the material on the basis of which the Estimates Committee came to the conclusion that there was a loss?

Mr. Deputy-Speaker: We are not going into all those details.

Shri Velayudhan: Has not the Estimates Committee said that there was a loss, and is not the hon. Minister casting aspersions on the Estimates Committee by saying that there has been no loss?

Mr. Deputy-Speaker: The hon. Member is not a member of the Estimates Committee. Other members of the Committee do not take offence. No hon. Member who is a member or has been a member of the Estimates Committee has taken exception. I do not see that there is anything objectionable in what the hon. Minister has said. Reference has been made to the Estimates Committee's report. The Committee, on the material placed before them, came to certain conclusions. They were sent to the Ministers also. In the light of some more evidence which is available, the Minister might say that on the material before the Estimates Committee they might have come to different conclusions altogether. I do not see how the hon. Minister is casting any aspersion on any Committee set up by this House. It is open to him to say that that conclusion does not arise out of the material placed before him later.

Shri H. N. Mukerjee: Are we to take it that adequate facts were not placed before the Estimates Committee at the time it made its report, and that the hon. Minister has become wise after the event?

Mr. Deputy-Speaker: I am not surprised at it. They are both human—the experts and the Estimates Committee. There may be some loopholes But there can be nothing like contradiction in this.

Shri Nanda: From the outset of my entry into Parliament this time I became aware of a certain amount of uneasiness about the river valley projects—a great deal of curiosity, and a certain strength of feeling about some aspects of the work in connection with those projects. This interest and anxiety about the river valley projects is very natural and is welcome. It is very helpful, and it is very useful to us; and I, being associated with the Planning Commission, have very good reason to realise the need and utility of such anxiety and interest. Do I not know how much we have staked on

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these projects? Such a large chunk of our resources is being invested in these projects. When the Minister of Health wants some more money for Health, we have to tell her: "No, we have to put this money on irrigation." When the Minister of Education wants some more money for Education, we tell him: "No. We have not got any more till this need is first satisfied." And for the future, whenever any question arises about nutrition, about food, we point to the river valley projects. When the question of employment is raised, we say: "We are laying the foundations for economic development, which will also solve the employment problem." So, so much is involved in these projects.

I have some figures to show what exactly this question of the development of our water resources means. Out of 36·9 crore acres of classified culturable area, only 4·9 crore acres, that is, about 13 per cent., are at present under irrigation of all types. It has been calculated that to supply adequate nutrition to the people of the country, we should add 80 lakhs of acres to our cultivated area, and to offset the increase in population, another 20 lakh acres every year. In the course of about 15 years we should have twice the present area under irrigation. This may require in all an investment of Rs. 2,000 crores. The Five Year Plan in the first part is designed to achieve during the period 84 lakhs of acres under irrigation and ultimately 164 lakhs of acres at an approximated total cost of Rs. 770 crores of which Rs. 516 crores will be incurred during the Plan period. It is intended that resources should be made available for the second part also which may, if circumstances are favourable, add on completion 61 lakh acres under irrigation at an estimated total cost of Rs. 250 crores. Our total installed capacity, both thermal and hydel, is 17 lakhs k.w. at present, which gives an annual *per capita* availability of 14 units. Our projects in hand will give 18 lakhs k.w. As far as our natural resources are concerned, our possibilities are immense. Of the estimated 135 crores of acre-feet of water, of which at least a third, that is, 45 crores could be beneficially used, we are utilising at present only 7·64 crores of acre-feet of water. Our hydro-electric potential has been estimated at 40 million k.w.

There is a significance in these figures. There is a promise in these figures. And what is the conclusion? The conclusion is that so far as this work of river valley projects is concerned, it is not a matter of party or for the play of party politics. It is a matter of the highest national importance. The whole nation has to unite. Therefore, as I said, any information, any facts, anything which will put us wiser about the working of these projects is surely welcome. By the same token, the criticism that has been levelled should not be exaggerated criticism, because the very object that we have in view will be defeated, especially as we have to go to the people for their co-operation, and we have to enthuse them. The question of public co-operation was raised several times in the course of this discussion. If we go on telling the people that everything is wrong, how can we expect that they will co-operate and that we will be able to mobilise the manpower in the rural areas in order that our construction may become cheaper? It is not going to be possible. I do not presume to tell the Opposition as to what their functions are, but I very humbly wish to urge this point of view. As a spokesman of the Government I should not regard it as my duty to defend everything that is done here. If anything wrong occurs, I must come and tell the House that this is what has happened and that I am going to set it right. So far as the Opposition is concerned, where high national policies are concerned, if they differ on policy, I can understand; Government should expect no quarter from them. But where policies are agreed to, and where it is a matter of such high national importance, they should be more restrained, and every word must be uttered so that it might not adversely affect the objective which we want to promote.

Regarding policy, I shall try to enunciate what are the basic principles which should constitute our policy in this matter. Do we differ in that? I will submit briefly what the policy is. Our water resource is the essential basis of the development programmes in this country. The water which flows in our rivers is among our most precious resources for irrigating land, supplying cheap power and various other purposes. The water resources of the nation must, therefore, be developed speedily—largely through storage—and their balanced use has to be made in major, medium-sized and minor projects. This must be an integrated development with due regard to priorities so that the maximum economic and social benefits can be made available. It must also be an even development so that the needs of every region are met on an equitable basis.

These projects must be planned systematically, based on all the necessary investigations and surveys so that their technical and economic feasibility is assured. The training of personnel and the supply of equipment should be effectively planned.

The designing and the execution of these projects calls for highly specialised technical knowledge and experience; while such foreign help as is indispensable may be obtained, indigenous talent and personnel must be quickly developed and utilised to the fullest extent and in that no parochial considerations must have any play.

Considering the country's difficulties regarding financial resources, utmost economy and efficiency should be secured in the execution of these projects, and for this purpose a suitable administrative set-up should be created, having regard to the varying needs and conditions. Whether work is to be carried out by an autonomous, semi-autonomous or departmental organisation will depend on the situation. Means should be adopted which will best secure the objectives and for this purpose modifications may also be introduced in the existing set-up wherever necessary.

While the initiative and responsibility of those who are actually responsible for the execution of the job should not be impaired, there should be adequate check and supervision to ensure that there is no misuse of funds or neglect of these responsibilities in other ways.

The Central and State organisation in charge of this activity should be so built up that there is no overlapping of functions and responsibility remains distinct at each stage.

Execution of the projects should be speeded up because otherwise costs will rise, the financial side of the projects will suffer and benefits will be delayed.

The resources of the nation in personnel, equipment etc. should be pooled so that the most effective use of these resources is made in the execution of that programme.

Public co-operation in the execution of the projects should be secured to the fullest extent and the rural community in these areas should mobilise the local man-power on a co-operative basis to enable construction to be carried out in the most economical manner.

The people of the country, especially those living in the areas in which projects are being carried out, should be made completely familiar with the progress, utility and significance of these projects.

I am sure the hon. Members on the other side will not be in a position to disagree with the principles which I have just stated and which I believe all of us agree should be the basis of the Government policy. But the question will arise: What about the actual execution? Are these things being done?

Shri Velayudhan: What is that? Is that what the hon. Minister has himself given or somebody else?

Mr. Deputy-Speaker: It is the Government's policy.

Shri Nanda: I have declared that we are prepared to be judged by these tests and therefore I will have now to address myself to the specific points of criticism that have been raised and to show how much truth there is in the charges that have been made.

I shall, in the first instance, take up the Hirakud Dam Project. Dr. Meghnad Saha had a great deal to say about this project. He made a point that this project was prepared hastily and.....

Shri Meghnad Saha (Calcutta North-West): I said that about five years ago.

Shri Nanda: He has said that in this House. I have got the remarks made by him. I can quote them.

Mr. Deputy-Speaker: He says he said that not now alone but five years ago also he said the same thing.

Shri Nanda: During the course of five years so many things have changed. What does it mean? It means that the project was being carried out hastily. There has to be a certain amount of preparation—very careful preparation —and it must be realised that everything requires time. I want to explain this. For the purpose of a project when it is at a construction stage or when the construction starts, a great deal of designing, specification, estimates etc. has got to be ready. But before that stage arises there has to be the submission of a proposal to secure approval, administrative approval, authorization and the kind of preparation that is needed for that is of a different type, that is, it is not to be in as much detail as it would be other-

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wise. I can say that I have gone through the material on the subject. When the project was originally conceived in 1945 and before this was taken up by the Government of India there was a lot of attention paid to the subject and material collected about the river flow and other matters connected with the question of floods. The Project report was submitted to the Government of India in June 1947 and transmitted to the Government of Orissa in September 1947. The authorisation for the construction of the project was given by the Government of India on the 8th of April 1948. The Orissa Government had approved it in October 1947. Then the preliminary work starts in August 1948 and construction actually commences in February 1949. In between, several things happened. An Advisory Committee was appointed with Dr. Savage as Chairman and.....

An Hon. Member: When was it?

Shri Nanda: It was in March 1948. Its report came in June 1948. Then the preliminary designs of Hirakud dam were made by the International Engineering Company in U.S.A. from August 1948 to December 1949. Final designs by the Central Designs Office of the C.W.P.C. were prepared between December 1949 and June 1951 and there were various subsequent stages also. This will show that there have been other Committees also later on which looked into the revised estimates and gave further advice to the administration of the project. If all that is examined, it will be seen that very great care was taken to see that the project was conceived and prepared in a proper and adequate way.

Shri Meghnad Saha: May I interrupt at this stage on a point of information? I find that the name of Dr. Savage is being cited as a magic man who can come to the spot for two days, take tea and give advice on a proposal.....

Mr. Deputy-Speaker: I do not find what is the question. Order, order. What is the question that the hon. Member wants to put?

Shri Meghnad Saha: The question is that Dr. Savage is brought by our Engineers in season and out of season to give them advice over *(Interruption)*.

Mr. Deputy-Speaker: Order, order. This is not a point of information. There is no question. The hon. Member is once again making a speech.

Shri Meghnad Saha: I wanted to say.....

Mr. Deputy-Speaker: Order, order. Dr. Savage is an expert. He is a very exalted person and he is a man of international reputation so far as this matter is concerned. I know personally that it is with very great pains that he is brought here and there cannot be laughter over that matter. Whatever we do here is not only being watched by ourselves but others are also watching. Therefore, we must not treat such persons as lightly as we are doing. After all he is a man of international reputation.

Shri Nanda: I come to another phase of the same point of 'hasty preparation'. It was further alleged that the Hirakud Project had no data about the river-flow and there were no geological investigations made, and therefore how could the project proceed? Here I have got an old musty document. I believe the hon. Member, Dr. Meghnad Saha has seen this if nobody else has. It is a report on the occurrence of floods in the Orissa delta by Prof. Mahalanobis.

Shri Meghnad Saha: I have seen it.

Shri Nanda: This was prepared in 1932 and revised in 1941, and covers a long period previous to that. Very elaborate data have been collected by this gentleman about river floods etc. and very useful information is embodied in this book. Rainfall records are available from 1865, gauge readings from which discharges of the river are calculated are available from 1868 at Naraj, since 1921 at Sambalpur and since 1946 at Hirakud. In addition to all the data already available, special arrangements were made for collecting supplementary data which I may inform the House, makes very little variation so far as the conclusions which could be drawn from the earlier data are concerned. All these data were utilised fully at the time of preparation of the plans for the Hirakud Dam.

The other point which was raised was that we had no sure basis for our work which will require information about the geological conditions of the area. Now that may be necessary for two purposes, firstly in connection

with the digging of the foundations, which is a very important matter and, secondly, for studying the mineral deposits of the area. I have got information here which I might offer to supply to the hon. Member, which shows that so far as the site for the foundation was concerned very, very careful enquiries were made. The site was examined geologically by the Geological Survey of India in December 1945, and by Dr. Nickel, an American geologist, in April 1946. Also a large number of deep bore holes were made and a geologist of the Government of India was stationed at site from 1948. I think this can be considered very good work. So far as mineral deposits are concerned, which possibly the hon. Member has not got in mind, special arrangements had been made for examining this question and a geologist was stationed there for the purpose of making all the enquiries that could in that period be made. Extensive investigations were made by geologists and research officers and a well-equipped research testing laboratory has been set up at site.

I will not labour this point any further. I will come to the next point made by the hon. Member, that is about the French mission. Among the irregularities to which the hon. Member would invite the attention of the House was this one, namely that we "asked a French mission to advise them on the possibility of rendering the river below Hirakud navigable, and they wanted to have a diversion canal so that the water may pass when the construction work was being undertaken. The French engineers who have their own great experience, because they had done reclamation of their own valley, gave their judgment definitely against it. In spite of that the bridge was constructed at a cost of 1·5 crores". etc. etc. The position is that this mission was requested to review the proposals already made with regard to navigation possibilities in order to secure a second opinion. That mission's opinion was more or less on the same lines as that which our administration had arrived at. The French mission agreed that the navigation was possible from Hirakud reservoir to Chiplima by power channel and from Chiplima to lower down by canal or by building a certain number of weirs. That was just to emphasise that the French mission did not express any view contrary to what was held already here and further that nothing was done which was against the recommendations made by this mission.

Now I come to the question of the bridge about which a great point was made, saying: "Here is a bridge under which possibly water is never going to flow, why have you built it? You have spent Rs. 1½ crores on it." In the first place, I do not know of any bridge on which Rs. 1½ crores has been spent in that area. There are two bridges on the National Highway No. 6, one is where the Hirakud Project administration was doing a job for another body and all the cost of which—about Rs. 56 lakhs—is going to be met by that body. And this bridge across the Mahanadi from all reports, is a very sound piece of construction and something which has evoked admiration. But this project is not going to undertake any expenditure on that account. There is another bridge of which the cost is only about Rs. 13 lakhs and out of that about Rs. two lakhs is being contributed by the Ministry of Transport. Some part of this expenditure, about Rs. 2¼ lakhs was spent on providing a double rail track. Why had this to be done? And why had the part of the expenditure on raising the piers to be incurred? It was done so that if navigation is started at any time then the other expenditure incurred may not be wasted. So, all that, possibly a matter of Rs. half a lakh, can be debited to navigation. And we are having our own railway in order to get building material from a quarry across for which some arrangement had to be made for a railway track. If not a bridge of this kind at least on embankment might have been necessary which might not have cost very much less So, all this point about the bridge and about incurring so much loss and so much wastage has no foundation at all.

Another point that the hon. Member made, and that is a very serious point and I have feelings on that subject, was about nepotism, provincialism, favouritism, corruption and all that. (*An Hon. Member*: Are there any doubts?) There are no doubts that nepotism and corruption may be existing to a certain extent in the whole of the country, in various places. (*An Hon. Member*: In the whole world.) Therefore, if I am asked absolutely categorically to deny it I am not in a position to do so. What was made to appear was that malpractices were rampant in that place, the whole place was reeking with corruption and the serious part of it—there are two parts to it, one about contractors and the other about the staff—was this. Let me take the question of contractors. The point of criticism was that Orissa people were not being given any

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chance and not a single Orissa contractor has been given a contract. Regarding this I have figures here. Out of a total of 426 contractors approved by the Contract Board the number from Orissa is 164. There is another piece of information—the biggest single contract has been awarded to the Kalinga Company which is an Orissa firm. The total value of works executed through contractors at Hirakud Dam and other allied projects is about Rs. 2·44 crores. Out of this nearly one crore worth contracts were given to the Orissa people. I think I should not press this point about contractors further. There is an approved list and no contractor from Orissa who came forward to be included in that list was ever refused. The fact is that many of the contractors who get themselves registered do not come forward when the actual work is to be done. Therefore the work is entrusted to people who are capable of doing it and among them there is a large number of Orissa people.

Shri Sarangadhar Das: May I know whether the contracts were advertised?

Shri Nanda: I will come to that.

The question of relations was also raised. The fact is that under the rules no contractor can work under an officer who is a relation of his.

In regard to Orissa's representation on the staff, let me give the figures. It is not a fact that there is no officer at all from Orissa employed on this project. The total number of gazetted officers employed on the project is 89; the officers from Orissa are about 20 per cent. This includes one Superintending Engineer and three Executive Engineers. In the non-gazetted posts, out of a total of 476, the number from Orissa is 118.

A question would have arisen and an answer may have been due if it could be shown that there was a single officer from Orissa who was available for this project, but was not recruited or given a chance to work on it. I would like to have a single illustration of that. The fact of the matter is that the Orissa Government was approached time and again to lend their officers. Only two officers were not taken in because they had a bad record. It was because no more officers were available in Orissa that others had to be employed. After all if you have to carry out a project you must have the personnel for it and it so happened that at about that period there were persons displaced from West Punjab and Sind who were available. Therefore, they were employed. What harm has been done? But for it, possibly, the project would not have gone ahead at all. The Orissa Government has time and again been approached to take over the project. They were approached at least to carry out the construction of the canals. But it is not their fault. After all this is a business requiring a high degree of experience and availability of personnel and maybe they have wisely contented themselves with letting it be done in this way. But let it not be said that injustice has been done to anybody in Orissa.

I would also urge that we should not talk like this about our officers. We want things to be done properly and efficiently. It will not help our work if we go on damaging their reputation by saying all kinds of things about them. It will only destroy their morale and without morale no good work can be turned out. To malign and libel a whole group of people.....

Shri Vallatharas (Pudukkottai): On a point of order, Sir. Criticism was made about the conduct of certain officers—which included nepotism, corruption, etc.

Mr. Deputy-Speaker: But what is the point of order? An hon. Member who rises must merely state the point of order. He ought not to enlarge upon it into a discussion.

Shri Vallatharas: The hon. Minister stated that criticism of the work of officers would affect their morale. Does it mean that we should not criticise the action of an officer or officers?

Mr. Deputy-Speaker: The hon. Minister says that there may be some corruption generally; he wants to prove by facts and figures that no such charge can be made. There is no point of order in this.

Shri Nanda: I have already said that I do not lay any claim that there is no corruption or nepotism in that area. There may be and I am sure there is. I have experience with construction works in the municipal committees and other bodies and I know that corruption does exist. It is our business to eradicate it; but that is not going to be done in this way. We are all agreed and we all want to see that we totally eradicate nepotism and corruption. But many things have to be done for it. We have to raise the

moral tone of our society and organise public opinion. There are ways of doing it—not by just attacking a set of officers who cannot come and defend themselves here.

Some Hon. Members *rose*—

Mr. Deputy-Speaker: The hon. Minister should not be disturbed by cross questions. There is very little time left and he has to answer many more points.

Shri Nanda: Then, Sir, about the contracts it was said that they were not advertised at all. This is wrong. All works beyond Rs. two lakhs are given only by calling open tenders fully advertised and now even smaller contracts are given on that basis.

It was also said that there was no schedule of rates at Hirakud. I do not know where hon. Members got that information from. A schedule of rates has existed from the very start and was approved by the Contract Board as soon as it was constituted. It is being modified from time to time according to conditions.

There were one or two other points made about Hirakud. One was about some she-buffaloes. I made an extensive search for the she-buffaloes in the records of the Hirakud project and I did not find any trace of them there at all. Nothing has been debited to the project on account of any she-buffaloes. I think there has been some kind of mistaken identity! There were some he-buffaloes doing some kind of compaction work on the project. The other point was about misuse of public property for private purpose. I am assured that there has been no use of public property for private purposes without assessment of hire charges.

Another illustration of extravagance and irregularities perpetrated was the instance of sleepers. It certainly looks odd that sleepers should have been brought so far away from the Punjab. Surely Orissa can produce this kind of stuff. I have gone fairly minutely into this question and my impression at the moment is that what happened was this. Some work had to be done for which sleepers were required and had to be there within a particular time. The engineer concerned made efforts to secure them locally. He approached the Stores Division; he approached the Sleeper pool; he asked the Chief Conservator of Forests of Orissa. Not one of them was in a position to supply the requisite quantity. Therefore, the Conservator of Forests, Punjab, was approached and he supplied them. This is the position regarding sleepers.

Coming to the question of the Hirakud Project, as I see it now, I find that very rapid progress is being made there. The engineers there are doing a fine job of work. I do not know whether I am going to have another hour to deal with the D.V.C., Bhakra-Nangal and other projects. Because it is possible to make a sweeping allegation and say 'this is something terribly wrong', and we have to produce the material in order to satisfy the hon. Members and the public outside that these are not valid or correct allegations. I was stating about this project, that I have noted what progress is made. Here is a testimony from Dr. Savage who visited the Hirakud Dam in the month of March, 1952:

"..... It is desired to express my sincere congratulations to all the engineers and construction forces in regard to the very great progress made on the project since my last visit in 1951. I wish particularly to compliment Shri Kanwar Sain for his outstanding attainment in organising and expediting the design and construction of this most important project."

Since then a great deal has been done. Because of the limitation of time I do not want to read about all the millions of cubic feet of concreting and earth-work which has been accomplished there during this period. I may be asked whether everything is all right and whether after all my search and enquiry I have found nothing wrong about Hirakud. No, I do not say that. I must confess that certain things I did not like. For example, in regard to the stores organisation there, for a period, things were not all very well. The records were not up-to-date. The explanation is that they had not got the requisite staff, etc. Whatever the explanation, for a period the situation there was not satisfactory. But the latest position is that a specialist connected with the Internatinoal Economic and Technical Co-operation Division who visited this place has found that the position regarding stores, accounts and organisation is very satisfactory now.

Shri Velayudhan: Was there no inventory of the stores?

Shri Nanda: I am having a full enquiry into the position of the stores, and I will let hon. Members know. I will take them into confidence, share

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with them my own conclusions, whether there were very heavy leakages, whether any loss occurred—because at some stage the stores organisation was not perfect. I will let them know, but I am not in a position to say now.

There were other things also. For example, with regard to the organisation there internally, there was not that complete accord between the financial set-up and supervision and control and the executive administration of the project. That led to difficulties. This is the subject-matter of an enquiry, about which several questions have been asked. I have received an interim report and the final report will soon be coming. I may incidentally refer to this charge that enquiry committees are appointed, reports are received and we do not lay them on the Table of the House. In regard to both the reports which are in the minds of hon. Members, even if there were anything in them which is disparaging or which castes a reflection on us, I will be the last person to hold back anything from hon. Members, because our object is to see that very soon we create conditions that all the hon. Members will be satisfied that to the maximum extent humanly possible we are doing our best to see that this national asset—that is our river waters—is conserved and is fully utilized and our investment is made the best use of. In these committee reports there was nothing that was in any way unwelcome so far as the Government is concerned, and we will very soon find it possible to lay on the Table of the House the other report of the Advisory Committee. And the report regarding the financial set-up—when the final report is received—will also be put up before hon. Members.

1 P.M.

Shri Velayudhan: Are we continuing, Sir? It is one o'clock already. If necessary we can meet at four o'clock.

Mr. Deputy-Speaker: I believe the hon. Minister has got a lot more to say.

Shri Nanda: If the hon. Members who had raised questions and made criticism about the D.V.C., the Bhakra-Nangal, etc. want to listen to the replies thereto, then I will need some time.

Shri Syamnandan Sahaya (Muzaffarpur Central): But that reply could be given at the end of the debate on the Planning Commission.

Hon. Members: No, no.

Mr. Deputy-Speaker: His reply cannot be interrupted like that. Already there has been so much of hiatus. It is left to the Government. If the hon. Minister and the Government want this to be carried on, then the House can consider this tomorrow, and the other programme will be postponed to that extent.

The House then adjourned till a Quarter Past Eight of the Clock on Wednesday, the 2nd July, 1952.